



Voluntary Donations
towards Sunfield
Home
for Intellectually
Impaired

R10	R20
R50	R100
OTHER	

R400
ENTRY FEE

Please Pay: Collegians Harriers
Nedbank Account 134-304-6556
REF: Name & Surname



Entry Form
Solo

First Name and Surname Club name:

I.D. Number Birth Date Gender M F

Cell Phone Number Email Address

No of Solo Medals Earned Permanent Race No.

SOLO RUN SOLO WALK

Lane Preference (Runners only):

MIDDLE LANE OUTSIDE LANE

T-SHIRT SIZE

SMALL MEDIUM

LARGE X LARGE

Emergency Contact Details

Name & Surname Cell Number

Helper's Full Name



Thank you to the above Sponsors

INDEMNITY & CONFIRMATION

I declare that I am physically and medically fit to participate in this event. I participate at my own risk and indemnify the Organizers, Officials and sponsors of the event against any accident, injury, illness, damage or loss whatsoever which may arise as a result of my participation. I confirm that I have read the rules of the event and undertake to abide by them.

Signature _____

Date _____