



Voluntary Donations towards Sunfield Home for Intellectually Impaired

R10	R20
R50	R100
OTHER	

R750
 Please Pay: Collegians Harriers
 Nedbank Account 134-304-6556
 REF: Name & Surname



CLUB NAME & TEAM NAME EMAIL
 CELL NUMBER HELPERS NAME

EVENT ENTERED:

TEAM RUN TEAM WALK
 CORPORATE CLUB SCHOOL

LANE PREFERENCE

(RUNNERS ONLY)
 MIDDLE LANE
 OUTSIDE LANE

Team Entry Form

TEAM MEMBER 1
 NAME & SURNAME GENDER M F
 I.D. Number
 T-SHIRT SIZE S M L XL

TEAM MEMBER 2
 NAME & SURNAME GENDER M F
 I.D. Number
 T-SHIRT SIZE S M L XL

TEAM MEMBER 3
 NAME & SURNAME GENDER M F
 I.D. Number
 T-SHIRT SIZE S M L XL



Thank you to the above Sponsors

INDEMNITY & CONFIRMATION

We declare that we are physically and medically fit to participate in this event. We participate at our 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 our participation.. I confirm that I have read the rules of the event and undertake to abide by them.

Signatures:

1 _____ 2 _____ 3 _____

Date: _____