



EASTERN PROVINCE CYCLE CHALLENGE SERIES 2010

ENTRY FORM

EVENT INFORMATION

Event Number: Event Type:
Event Date: Start Time:
Start Venue:
Race Route:
Distances:

PERSONAL INFORMATION

Surname:
First Name:
ID Number: Date of Birth:
CSA License Number: Gender:
Postal Address:
Town: Code:
Club Name:
Email Address:
Tel (C): Tel (H):

MEDICAL INFORMATION

Medical Aid Name:
Medical Aid Number:
Emergency Contact Person:
Tel: Allergies:

I agree that I participate at my own risk and confirm that I will have no claim whatsoever against the organisers, sponsors, local authorities or officials in respect of any injury or damage to persons related to the cycling event.

Signature _____
Signature of Parent / Guardian (if under 21 years)

Date _____