



# EASTERN PROVINCE

## Premier League Series Individual Entry

### 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 \_\_\_\_\_