



# EASTERN PROVINCE PREMIER WINTER LEAGUE SERIES 2010

## ENTRY FORM

### EVENT INFORMATION

Event Number:  Event Type:

Event Date:  Start Time:

Start Venue:

Race Route:

Distances:

Premier League		Schools League A		Schools League B		Schools League C		Schools League D	
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### TEAM INFORMATION

Cycling Club / Sponsor / Organisation:

Team Name:

Team Manager:  Contact Number:

Rider Details:	Name	Gender	Category	License No
Rider #1:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>
Rider #2:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>
Rider #3:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>
Rider #4:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>
Rider #5:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>
Rider #6:	<input type="text"/>	<input type="text" value="M"/> <input type="text" value="F"/>	<input type="text"/>	<input type="text"/>

### MEDICAL INFORMATION

Please ensure that the Team Manager has a copy of the Medical Aid Name, Number and Contact Person for each Rider.

### DISCLAIMER

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

Signature \_\_\_\_\_  
Signature of Team Manager

Date \_\_\_\_\_