

# SPRING LEAGUE SERIES 2010

## ENTRY FORM

### PERSONAL INFORMATION

Surname:

First Name:  Gender:  Male  Female

ID Number:  Date of Birth:

Club Name:  License No:

Postal Address:

Town:  Code:

Province:

Email Address:

Tel (C):  Tel (H):

### MEDICAL INFORMATION

Medical Aid Name:

Medical Aid Number:

Emergency Contact Person:

Tel:  Allergies:

### EVENT INFORMATION

#### Age Category

Under 10  Junior  Vets 40-49

Under 12  Under 23  Vets 50-59

Under 14  Elite  Vets 60-69

Under 16  Vets 30-39  Vets 70+

#### Entry Fee

Summer League **R60.00**

Schools League **R40.00**

Cycle Challenge **R40.00**

Day License **R35.00**

Total Entry Fee: R

### DISCLAIMER

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 \_\_\_\_\_