

ORAK 12 HOUR RACE ENTRY FORM

SATURDAY, 29 JUNE 2019

| | | |
|------------------------|--------------------------|--------------------------|
| <u>OFFICE USE ONLY</u> | | |
| Race no | <input type="checkbox"/> | <input type="checkbox"/> |

Please write clearly using BLOCK LETTERS and complete **ALL** details.

Surname:

First Names: Initials: Male: Female:

Postal Address:

 Postal code:

Tel (H): (code) Tel (W): (code)

Fax: (code) Cell no:

E-mail address:

ID number: 2019 Licence no :

Athletic Club (in full): Province:

Age on race day Date of birth: Permanent number:

Nationality: SA Citizen Other Vegetarian Yes No

Medical Info: Medical Aid? Y N Name and number:

Do you have any allergies? Y N Please specify:

Special medical condition or medication? Y N Please specify:

Emergency contact name: Tel. no.

Special Agreement:

I agree not to hold ORAK, WPA, any sponsors, or any person assisting in the organisation or holding of the race liable for any injury or illness, which I may suffer directly or indirectly as a result of participating in the race or for any damage to my property which I may suffer directly or indirectly as a result of participating in the race. I accept all rules, conditions and regulations which include the terms of payment of the entry fee and will comply with them. I grant my permission to the organisers and its authorised agents to use my name, photographs, video-tapes, broadcasts, telecasts, advertising promotion or other account of this event free of charge.

I confirm that this Special Agreement is entered for the benefit of the ORAK 12 hour Race, Olifantsriver Athletic Club, the sponsors and the persons assisting in the organisation and holding of the race.

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|---|----------|-------|
| Entry fee (Include meal @ prize giving) | R 280 | |
| Temporary licence | R 70 | |
| Extra meals at prize giving: | R 100 pp | |
| Hostel R 170 p/p per night | R 170 | |
| Total amount: | R | |

All payments to be made to Olifantsriver Athletic Club Account No. : FNB (200406) 54150015815
 Fax entryform to : 0864121799

Signature of entrant: Date:

