

Receipt No. .... EFT Date. ....

# SPARTAN HARRIERS CLUB

NPO No. 187-469  
Founded 1901



## MARCH 2018 BEGINNERS PROGRAM APPLICATION FORM

Please Print Clearly

Title ..... SURNAME .....

FIRST NAME .....

IDENTITY NUMBER ..... Date of Birth .....

HOME ADDRESS: NUMBER .....ROAD .....

POSTAL CODE .....

HOME TELEPHONE NUMBER .....

WORK TELEPHONE NUMBER .....

CELL PHONE NUMBER .....

E-MAIL ADDRESS .....

DISCIPLINE: RUNNER ..... WALKER ..... JUNIOR RUNNER (12-16 years old) .....

EMERGENCY CONTACT PERSON ..... CONTACT NUMBER .....

MEDICAL AID SCHEME ..... Yes ..... No .....

I certify that the above details are true and correct and that Spartan Harriers Club will not be liable for any injury, illness or death resulting from my participation in the above programme or any other Club associated activities.

I indemnify Spartan Harriers Club against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in the above programme.

..... Date .....  
Participant / Guardian.

BANKING DETAILS: STANDARD BANK BRANCH CODE: 051001 ACCOUNT NUMBER 07 203 456 4  
ACCOUNT NAME: SPARTAN HARRIERS CLUB  
REFERENCE: BEGIN followed by your name.

CHAIRPERSON: P. Wonfor; PRESIDENT: M. Salida; TREASURER: J. Miller;  
SECRETARY: L. Rensburg; CLUB CAPTAIN: G. Korck

P O Box 422  
BERGVLiet  
7945

e-mail:  
[administrator@spartanharriers.co.za](mailto:administrator@spartanharriers.co.za)