

Receipt No. EFT Date.

SPARTAN HARRIERS CLUB

NPO No. 187-469
Founded 1901



SEPTEMBER 2019 - BEGINNERS PROGRAM APPLICATION FORM

**P O Box 422
BERGVLiet
7945**

Please Print Clearly

Title SURNAME

FIRST NAME

e-mail: administrator@spartanharriers.co.za

IDENTITY NUMBER Date of Birth

HOME ADDRESS: NUMBER ROAD

SUBURB 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.