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NATAL CARBINEERS

ATHLETIC CLUB

P. O. BOX 860

PIETERMARITZBURG

3200

SURNAME																						
1	NAME																	AGE				
ID NUMBER								–					–					M		F		
DATE OF BIRTH				–			–	1	9			RUN			WALK				SOCIAL			
2	NAME																	AGE				
ID NUMBER								–					–					M		F		
DATE OF BIRTH				–			–	1	9			RUN			WALK				SOCIAL			
3	NAME																	AGE				
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DATE OF BIRTH				–			–	1	9			RUN			WALK				SOCIAL			
4	NAME																	AGE				
ID NUMBER								–					–					M		F		
DATE OF BIRTH				–			–	1	9			RUN			WALK				SOCIAL			
HOME ADDRESS																						
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POSTAL ADDRESS																						
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TELEPHONE	HOME				–				–													
	CELL				–				–													
	WORK				–				–													
e-mail address																						

1	LICENCE NUMBER	2008										2009										
2	LICENCE NUMBER	2008										2009										
3	LICENCE NUMBER	2008										2009										
4	LICENCE NUMBER	2008										2009										
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I/WE AGREE TO ABIDE BY THE RULES OF THE CLUB, KZNA AND ASA AND TAKE PART AT MY/OUR OWN RISK.

I AM/WE ARE IN GOOD HEALTH

1 SIGNATURE_____

2 SIGNATURE_____

3 SIGNATURE_____

4 SIGNATURE_____