



**INSKRYWINGSVORM/ENTRY FORM**  
**MARICO BOSVELD MYL**  
**HARDLOOP/RUNNING**  
**1 OKTOBER 2016**



**CLOSING DATE PRE-ENTRIES 20 SEPTEMBER 2016 RACE DAY ENTRIES WILL BE ACCEPTED**

**PLEASE SUPPLY ALL INFORMATION**  
**PRINT CLEARLY USING BLOCK LETTERS.**

**All athletes must wear the official race number**  
**on the front of their vest on 10km / 21,1km / 42,2km.**  
**Visit website for race rules and regulations.**

**FOR OFFICIAL USE ONLY**

**Race number:**

**Temp lic no:**

**PERSONLIKE INLIGTING / PERSONAL INFORMATION:**

Van/Surname:		Name/Name:	
ID NR/ID NO:		Ouderdom/Age:	
Posadres/P.O. Box:			
E-Pos/E-mail:			
Sel Nr/Cell No:		Tel Huis/Tel Home:	
Provinsie/Province :		ChampionChip no:	
Klub/Club:		Reg Nr / Reg no:	
Mediese Fonds/Medical Aid:		Emergency Contact Person:	
Mediese Fonds nr/Medical Aid nr:		Contact number:	
Geslag/Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Age : J OPEN 40-49 50-59 60+

**HARDLOOP/RUNNING**

<b>Tyd</b>	<b>Afstand/ Distance</b>	<b>Pre-entries</b>	<b>Entries</b>	<b>Koste/Cost</b>
6:00	42.2km	110	160	
6:30	21.1km	80	120	
6:45	10km	60	90	
7:00	5km	50	70	
12:00	1.6km (MYL/MILE)	free	free	
	Temp Lic	35	35	

Chips can be purchased on Friday, 30 September, 17:00 - 19:00  
or Saturday, 1 October from 05:00.

**NO CHIP / NO TIME / NO PRIZE**

**TOTAL:**

**BANKBESONDERHEDE/BANK ACCOUNT INFO**

**ABSA**

**NAME OF ACCOUNT: MARICO BOSVELD MYL**  
**REK NR. / ACC NO: 4072448985**  
**VERW. NR / REF NO: NAME AND SURNAME (R)**

**E-pos of faks bewys van betaling saam met inskrywingsvorm**  
**E-mail or fax proof of payment with entry form**

**NAVRAE/ENQUIRIES**

**POSTAL ADDRESS:** P. O. Box 278, Zeerust, 2865  
**E-MAIL:** [info@maricomyl.co.za](mailto:info@maricomyl.co.za)  
**WEB:** [www.maricomyl.co.za](http://www.maricomyl.co.za)  
**FAX:** 086 231 6324  
**ENQUIRIES:** Daleen 082 650 8811 (regstr)

Indemnity, I Agree not to hold North West North Athletics and any other sponsor, or any sponsor, or any person assisting in the organization or holding of the event liable for any injury or illness, which I may suffer directly or indirectly as a result of participating in the event, or for any damage to my property or loss of my property which I may suffer directly as result of participating in the event.

**DATE/DATUM:**

**HANDTEKENING ATLEET/  
SIGNATURE ATHLETE**

**HANDTEKENING VAN OUER INDIEN  
MINDERJARIG/  
SIGNATURE OF PARENT/GUARDIAN  
IF UNDER 18**