



**INSKRYWINGSVORM/ENTRY FORM
MARICO BOSVELD MYL
SWEM/SWIMMING
1 OCTOBER 2016**



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

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	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age Category: 8—13 14—30 31 & over

SWEM/SWIMMING

<u>TYD/TIME</u>	<u>AFSTAND/DISTANCE</u>	<u>PRE=ENTRIES</u>	<u>ENTRIES</u>	<u>KOSTE/COST</u>
12:00	3000m (14 & over, no 8—13)	R120	R170	
13:30	Mile / 1600m (all ages)	R90	R130	
14:30	500m (all ages)	R80	R110	

Chips can be purchased on Friday, 30 September, 17:00 - 19:00
or Saturday, 1 October from 06:00.

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 (S)

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

NAVRAE/ENQUIRIES

POS INSKRYWINGS: Posbus 872, Zeerust, 2865
E-MAIL: info@maricomyl.co.za
WEB: www.maricomyl.co.za
FAX: 086 231 6324
NAVRAE: Daleen 082 650 8811(regstr)
 Elna 082 389 3020 (swimming)

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**