



ENTRY FORM

FIRST NAME _____

SURNAME _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE NUMBER (H) _____ PHONE NUMBER (W) _____

CELLULAR NUMBER _____

ID NUMBER _____ DATE OF BIRTH _____ SEX _____

E-MAIL ADDRESS _____

N.O.K.CONTACT NAME _____

N.O.K.CONTACT NUMBER _____

DOCTORS NAME _____ DOCTORS CONTACT NUMBER _____

MEDICAL AID _____ MEDICAL AID NUMBER _____

ALLERGIES _____

STATE OF HEALTH _____

ENTRY FEE (R 7000.00). PAYMENT METHOD CASH _____ EFT _____ INSTALMENTS _____

FAX COMPLETED ENTRY FORM TO : FAX 0866443656