TRINITY SPORTS - MANUAL ENTRY FORM

COMPLETE IN FULL - Information not provided could result in entry being denied.

EVENT NAME & DATE: **TRINITY GERMISTON #2 TRI & DU: 20 JANUARY 2019**

EVENT ALLOCATED RACE NUMBER: | CHIP

EVENT PARTICIPATION CLASS:

(**mark with an X**)

PLEASE NOTE: Entry fees exclude TSA licence fees payable if you do not have a valid 2018 TSA number.

	SNR Standard TRI (**R900.00**) - Age 20 +		SNR Standard DU (**R700.00**) - Age 20 +
	SNR Sprint TRI (**R650.00**) - Age 20 +		SNR Sprint DU (**R550.00**) - Age 20 +
	Para TRI (**R650.00**) - Age 16 +		Para DU (**R550.00**) - Age 16 +
	JNR Sprint TRI (**R480.00**) - Age 16-19		JNR Sprint DU (**R480.00**) - Age 16-19
	JNR Mini TRI (**R380.00**) - Age 12-15		Junior Mini DU (**R380.00**) - Age 12-15
	Kids TRI (**R250.00**) - Age 10-11		Kids DU (**R250.00**) - Age 10-11
	Young Ones TRI (**R200.00**) Age 8-9		Young Ones DU (**R200.00**) Age 8-9

    *Relays add R300.00 to above pricing   ***Relays add R300.00 to above pricing**

TSA NUMBER DETAILS: **My 2018 TSA number is:**   /   /

_OR_

PLEASE NOTE: If you do not have a valid 2018 TSA number, you are liable to pay the day licence fee.

I don't have a TSA number and require a day licence
R30 Sprint, Juniors (excl. kiddies), R100 Olympic

TOTAL COST FOR ENTRY: RACE FEE & TSA DAY LICENCE (IF REQUIRED):   +

TOTAL PAYABLE:

PERSONAL DETAILS: *** NO ID # = NO ENTRY**

First Name(s): In full as per your ID

Surname: In full as per your ID

ID/Passport Number*:

Date of Birth: | Day | Month | Year

Age on 31 December 2019:

Gender (**mark with an X**): | Male | Female

Physical address:

- Street:

- City:

- Province:

- Post code:

CONTACT DETAILS:

Email address:

Cell number:

MEDICAL DETAILS:

Medical Aid Provider:

Member Number:

Main Member Name:

Your Blood Type:

Emergency Contact Name:

Emergency Contact Number:

Medical Conditions & Allergies:

Medical Disabilities:

TERMS AND CONDITIONS:

(**mark with an X**)   **I've read the indemnity, terms and conditions**

(**mark with an X**)   **I agree to the indemnity, terms and conditions**

Payment Received

_____
Athlete Signature (or Guardian if under 18) and date