

# TRINITY SPORTS - MANUAL ENTRY FORM

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

**EVENT NAME & DATE:**

**TRINITY GERMISTON #3 TRI & DU: 14 APRIL 2019**

**EVENT ALLOCATED RACE NUMBER:**



**EVENT PARTICIPATION CLASS:**

(mark with an X)

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

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

\*Relays add R300.00 to above pricing

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**TSA NUMBER DETAILS:**

**My 2019 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Age on 31 December 2019:**

Gender (mark with an X):

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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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

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Athlete Signature (or Guardian if under 18) and date