



Mouth 2 Mouth 2018

Entry Form



Doubles Race

R250 for singles
R500 for doubles

Distance: 40km
Date: 17 November 2018
Venue: ZKC, Richards Bay
Time: 10h00
Contact: Jacques Labuschagne
0766747596

Life jacket, leash and cell phone compulsory

ENTRIES FROM 7:00 AT CLUB HOUSE – NO ONLINE ENTRIES

<p>PADDLER NO. 1</p> <p>FULL NAME: _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2">KNCU NUMBER</td> <td colspan="2"></td> </tr> <tr> <td>SEX:</td> <td>MALE</td> <td>FEMALE</td> <td></td> </tr> <tr> <td>DATE OF BIRTH</td> <td colspan="2">AGE</td> <td></td> </tr> <tr> <td colspan="4">E-MAIL :</td> </tr> <tr> <td colspan="4">CELL No :</td> </tr> <tr> <td colspan="4">EMERGENCY No:</td> </tr> </table> <p>Category: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Mixed</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: center;">A G E</td> <td style="text-align: center;">JUNIOR</td> <td style="text-align: center;">SENIOR</td> <td style="text-align: center;">VET</td> <td style="text-align: center;">MASTER</td> <td style="text-align: center;">SUB MASTER</td> <td style="text-align: center;">LADIES</td> </tr> </table> <p>Indemnity: I _____ have read, understand and accept the conditions of the race and participate at my own risk and accept that the organisers, their servants or agents accept no responsibilities for my death, injury or illness sustained by me or for any loss, theft of or damage to property arising from the activity in which I participate howsoever caused.</p> <p>Signature: _____</p> <p>Signature of parent/guardian in case of a minor/junior</p>	KNCU NUMBER				SEX:	MALE	FEMALE		DATE OF BIRTH	AGE			E-MAIL :				CELL No :				EMERGENCY No:				A G E	JUNIOR	SENIOR	VET	MASTER	SUB MASTER	LADIES	<p>PADDLER NO. 2</p> <p>FULL NAME: _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2">KNCU NUMBER</td> <td colspan="2"></td> </tr> <tr> <td>SEX:</td> <td>MALE</td> <td>FEMALE</td> <td></td> </tr> <tr> <td>DATE OF BIRTH</td> <td colspan="2">AGE</td> <td></td> </tr> <tr> <td colspan="4">E-MAIL :</td> </tr> <tr> <td colspan="4">CELL :</td> </tr> <tr> <td colspan="4">EMERGENCY No:</td> </tr> </table> <p>Category: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Mixed</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: center;">A G E</td> <td style="text-align: center;">JUNIOR</td> <td style="text-align: center;">SENIOR</td> <td style="text-align: center;">VET</td> <td style="text-align: center;">MASTER</td> <td style="text-align: center;">SUB MASTER</td> <td style="text-align: center;">LADIES</td> </tr> </table> <p>Indemnity: I _____ have read, understand and accept the conditions of the race and participate at my own risk and accept that the organisers, their servants or agents accept no responsibilities for my death, injury or illness sustained by me or for any loss, theft of or damage to property arising from the activity in which I participate howsoever caused.</p> <p>Signature: _____</p> <p>Signature of parent/guardian in case of a minor/junior</p>	KNCU NUMBER				SEX:	MALE	FEMALE		DATE OF BIRTH	AGE			E-MAIL :				CELL :				EMERGENCY No:				A G E	JUNIOR	SENIOR	VET	MASTER	SUB MASTER	LADIES
KNCU NUMBER																																																															
SEX:	MALE	FEMALE																																																													
DATE OF BIRTH	AGE																																																														
E-MAIL :																																																															
CELL No :																																																															
EMERGENCY No:																																																															
A G E	JUNIOR	SENIOR	VET	MASTER	SUB MASTER	LADIES																																																									
KNCU NUMBER																																																															
SEX:	MALE	FEMALE																																																													
DATE OF BIRTH	AGE																																																														
E-MAIL :																																																															
CELL :																																																															
EMERGENCY No:																																																															
A G E	JUNIOR	SENIOR	VET	MASTER	SUB MASTER	LADIES																																																									