

Slave Route Challenge

Sunday II May 2014

Entry Details

Children's Hospital Trust Donation:

TOTAL:

			_																					
Race Distance	Half Marathon I Okm Run Skm Fun Run/Walk I Okm Big Walk																							
Age Category		15	-19		2	0-39	9		40-	49			0-59)		60-	69		7	0+				
ID Number																 Fer	nale	: [1ale				
Surname																								
First Name																								
Postal Address													(Code	9									
Work/Home Number													С	ell										
Email																								
Athletic Club Members																								
License Number								ate	of Bi D/N	irth 1/Y			Age											
Number Collection	3 MAY						Sportmans Warehouse				Tygerva ll ey Rondebosch													
In case of Emergency																								
Name																								
Relation																								
Telephone Number]											
Payment									Indemnity and Waiver I agree not to hold Jive Slave Route Challenge, LOA Itheko Sport AC, ASA, WPA, City of Cape Town and all sponsors and partners or any other person															
L Left Me wells are			Licensed Unlicens Senior Senior Athletes Athlete		es	Junior Athletes		Unlicensed Junior Athletes		assisting in the organising of the race, liable for any injury which I may suffer directly as a result of participating in the race. I confirm that this Special Agreement is entered into for the benefit of the Jive Slave Route Challenge event, the sponsors and the persons assisting the organisation of the event.														
Half Marathon		L	R60	_	R95	$\overline{}$	R6		_	95	4	Cveri	, 3	ادا ان	n s an N	a uici þ	JUI 3U	113 433	iisuiig i	anc or;	Бинта	JUI 0	LIIC	CVCIII.
10km Run		L	R35	_	R55	_	R2			30		Signe	d.							-)ata-			
5km Fun Run/Walk		L	R30	_	R30	\rightarrow	R3			30		Signe	ture o	f Parr	nt or	Guar	dian i	fund		[_	
10km Big Walk			R35		R35		R3	5	R	35		Jigha	iture 0	ı raft	ant Of	Gudf	uidi i l	und	ei uie	age 0	110			
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Children's Hospital Trust

www.childrenshospitaltrust.org.za

For more information log onto www.itheko.org