

## Entry Form

(All fields must be completed)

Personal Details

ID Number:  (Passport number if not SA citizen)

Surname:

First Name:

Gender: M  F  Date of Birth:  Y  Y  Y  M  M  D  D

Country of Residence:

Contact Details

**PLEASE FILL IN EMAIL AND CELLPHONE NUMBER CORRECTLY AS THIS IS HOW WE WILL BE COMMUNICATING WITH YOU.**

Telephone: Work: +  (  )  (Eg: + 27 11 463 2743)

Cell: +  (  )  (Eg: + 27 86 294 7947)

E-mail:

Medical Details

Emergency contact person:

Emergency contact no: +  (  )  (Eg: + 27 11 463 2743)

Medical Aid Name:

Medical Aid No:

Specify medical conditions/disabilities/allergies:

Specify if on medication:

Team Details

Ride Together:  Corporate Bond:  Team Name:

Team Leader Name:

Contact: +  (  )  ID Number:

Tandem Entry: Yes  Co-rider's Name:

Co-rider's ID No:

Licence and Timing Details

**IF YOU ARE NOT IN POSSESSION OF A VALID CSA LICENCE YOU WILL BE REQUIRED TO PURCHASE A TEMPORARY DAY LICENCE VALUED AT R35.00**

Cycling South Africa licence No:  Please indicate what events you have previously participated in: 1997:

Club:  1998:  1999:  2000:  2001:  2002:  2003:

RaceTec chip code:  (previously Winning Time chip code) 2004:  2005:  2006:  2007:  2008:  2009:

Merchandise Details

Purchase a RaceTec Chip R110 each  (Please indicate quantity)

Official T-shirt: (Indicate quantity per size) S  M  L  XL  XXL  R80 each

Digitally Downloadable Photographs  R100 each (Please indicate quantity)

Official Cap  R60 each (Please indicate quantity)

Entry Fee (R232.50 + R32.50 VAT + R5 CSA rider levy)	R	<b>270</b>
Temp Licence	R	
RaceTec Chip	R	
T-Shirt	R	
Photograph	R	
Cap	R	
<b>TOTAL</b>	<b>R</b>	

Breakdown of Payment Details

**(If paying by credit card, please complete all credit card details):**

Card holders' name:

Credit card number:  CVC no:  (Last 3 digits on reverse of card)

Credit Card:  Visa  Mastercard  Amex  Diners  Expiry Date:  M  M  Y  Y

Indemnity

Cheque:  Cheques payable to 94.7 Cycle Challenge. Postdated cheques will not be accepted. Signature of Card Holder: .....

Bank deposit:  Bank account details: **Bank:** First National Bank **Branch:** Corporate Account **Branch Code:** 255005 **Account Number:** 62164195359

How To Enter

I agree to abide by the rules of the Momentum 94.7 Cycle Challenge, even if I have not read them, and understand that I take part in the Momentum 94.7 Cycle Challenge at my own risk and indemnify the sponsors and organisers against any claim which may result from my participation. I further understand that it is my responsibility to be medically fit to cycle. The above indemnity applies equally to teams entering under the rules and conditions of entry. Photographs taken at the event are the property of Primedia (Pty) Ltd and may be used for publicity purposes.

Signature: ..... Date: ..... Signature of Parent or Guardian (if under 18yrs): .....

**FAX TO:** 086 684 0158 (Entry form with proof of valid payment only) **DELIVER TO:** Race Office, 3 East River Rd West, Bryanston  
**INFO LINE:** 0862 947 947

**Illegible or incorrectly completed entry forms will not be accepted. Entry is only valid with successful payment.**