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## **ATHLETICS MPUMALANGA**

*Cross Country Commission*

### **2018 REGISTRATION FORM – COMPLETED FORM MUST BE HANDED IN PRIOR TO RACE**

<b>SURNAME:</b>	<b>NAME:</b>	
<b>NICK NAME:</b>	<b>ID NUMBER:</b>	
<b>DATE OF BIRTH:</b>	<b>GENDER:</b>	<b>AMPU LICENSE:</b>
<b>RESIDENTIAL ADDRESS:</b>	<b>POSTAL ADDRESS:</b>	
<b>CODE:</b>	<b>CODE:</b>	
<b>SCHOOL/CLUB:</b>	<b>ATHLETES CELL NO:</b>	
<b>NAME OF COACH:</b>	<b>CONTACT NO:</b>	
<b>FATHER:</b>	<b>MOTHER:</b>	
<b>CELL NO:</b>	<b>CELL NO:</b>	
<b>WORK NO:</b>	<b>WORK NO:</b>	
<b>OTHER:</b>	<b>CELL NO:</b>	

A copy of id/birth certificate must be handed in.

***I confirm that the above information as provided is true and correct. I understand that fraud may lead to suspension.***

\_\_\_\_\_  
ATHLETE

\_\_\_\_\_  
PARENT (IF YOUNGER THAN 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COACH