Chairman: Theuns Luus 083 630 8729



Secretary: Hellouise van Dyk

Tel: 082 306 4615 Fax: 086 274 3512

athleticsmpumalanga@gmail.com

Cross Country Commission

2019 REGISTRATION FORM - COMPLETED FORM MUST BE HANDED IN PRIOR TO RACE

SURNAME:	NAME:	
NICK NAME:	ID NUMBER:	
DATE OF BIRTH:	GENDER:	AMPU LICENSE:
DECIDENTIAL	DOCTAL .	
RESIDENTIAL ADDRESS:	POSTAL ADDRESS:	
CODE:		CODE:
SCHOOL/CLUB:	ATHLETES CELL NO:	
NAME OF COACH:	CONTACT NO:	
FATHER:	MOTHER:	
CELL NO:	CELL NO:	
WORK NO:	WORK NO:	
OTHER:	CELL NO:	
A copy of id/birth certificate must be handed in. All athletes who intents to participate at the Interprovincial or SA's, shou join a club and obtain a 2019 license number. This need to be in place by 01 May 2019.		
I confirm that the above information as provided is true and	correct. I understand the	at fraud may lead to suspension.
ATHLETE	PARENT (IF YOUNGER	
DATE	COACH	