

Personal information

Name:.....  
Surname:.....  
Age:..... I.D num:.....  
Gender:  Male  Female  
Address:.....  
.....  
Contact num:.....  
Mail:.....  
Cycling SA lic. No:.....  
Club:.....

REGISTRATION START @ 16H00

Race information

Race 1: Race time-17:00  
 U10  U12  U14  U16  Fun riders  
Monday:R80 Tuesday:R80 Wednesday:R80  
Thursday:R80 Series: R200   
WCC:R150

Race 2: Race time-18:00  
 Jnr  U23  Elite  vets 35-45  
 Vet46+  Race Ladies  
Monday:R100 Tuesday:R100  
Wednesday:R100 Thursday:R100 Series: R300   
WCC:R200

Indemnity waiver

Competitors signature:.....

Gardians signature:.....

Cont:Glynn 0845076231  
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Fax: 041-2066469

