2017 TRANS KAROO 240 km MTB 2 Sept 2017

Sutherland to Ceres ....'the down ride'

ENTRY FORM

PEDAL POWER ASSOCIATION

It's time to fill your bucket list

PARTICIPANT DETAILS

Please print clearly in CAPITAL letters

Surname		Sex: M / F
FIrst names		
ID Number		T-shirt size: s / m / l / xl / 2xl
Cell		
Email		
Emergency contact name		
Emergency contact number		
Medical aid name	Number	
Allergies		

NUMBER OF TRANS KAROO EVENTS FINISHED: 1 2 3 4 5

SUPPORT DRIVER DETAILS

Please print clearly in CAPITAL letters

ENTER TEAM NAME ABOVE (If part of 2 rider team)
BOTH RIDERS NEED TO FILL IN THEIR OWN ENTRY FORM

Name			
Cell			
Motor veh reg		Make	Colour

ENTRY FEES

Please select ✓

12 April 2017 - 30 J...

PPA member

Non PPA -mem... ...00 ☐

EARLY ENTRIES NOW CLOSED

01July 2017 - 15 August 2017

All late entries R 2 000.00 ☐

To book accommodation please fill in page 2

Bank details

Bank **Standard Bank**
Account name **Pedal Power Association**
Account number **071 725 989**
Branch **Constantia**
Branch code **025309**

Email entry form and proof of payment to
gary@pedalpower.org.za or fax (021) 671-1037

WAIVER

I/we confirm that I/we, and all team members are 18 years of age or older as at 01 January 2017. Participants undertake to participate entirely at their own risk and agree that they shall have no claim whatsoever against the organising body, any individual organiser or official, marshal, assistant, helper or agent, the sponsors or any local authority or their employees, in respect of any loss or damage whatsoever which a participant may suffer, arising from any injury to person or loss or damage to property as a result of, or arising out of, whether directly or indirectly, participation in any event, including that persons arrival thereat and departure there from and attendance at any ceremony or function thereof, howsoever such loss or damage may arise and regardless of whether or not same shall have been caused directly or indirectly, by negligence, albeit gross, of one or more or all of the aforementioned parties.

Name _____

Signature _____

Date _____