**EBENEZER PSYCHIATRIC HOME**

**BELL OF HOPE CHARITY FUN RIDE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RACE NO:** | |  | | | | | | | | | **KM:** | | | | |  | | |
| **PERSONAL INFORMATION** | | | | | |  |  | |  |  | |  |  |  | | |  |  |
| **ID NUMBER:** | | |  | | | | | | **DATE OF BIRTH:** | | | | | | | |  | |
| **SURNAME:** | | |  | | | | | | **FIRST NAME:** | | | | | | | |  | |
| **MALE/FEMALE/CHILD:** | | |  | | | | | |  | | | | | | | |  | |
| **POSTAL ADDRESS:** | | |  | | | | | | | | | | | | | | | |
| **POSTAL CODE:** | | | | | | | | | | | | | | | | | |  |
| **TEL WORK:** |  | | | | **TEL HOME:** | |  | | | | | **EMAIL:** | |  | | | | |
| **FAX:** | | |  | | | | | | | **TEL CELL:** | | |  | | | | | |
| **MEDICAL** | | | |  | | | |  | | | | | | |  | | | |
| **MEDICAL AID NAME:** | | | |  | | | | **MEDICAL AID NUMBER:** | | | | | | |  | | | |
| **EMERGENCY NUMBER:** | | | |  | | | | **EMERGENCY NAME:** | | | | | | |  | | | |
| **4KM KIDS RIDE** | | | | | | | |  | | | | | | | | | | |
| **12KM LEISURELY RIDE** | | | | | | | |  | | | | | | | | | | |
| **25KM RIDE FOR THE SERIOUS RIDER** | | | | | | | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| 1. **I have read the rules and conditions of the event and that in entering the event I agree to abide by such rules and conditions and indemnify the Organizers, Officials, Sponsors, Associates and all other parties associated with this event from any claim which may result from my participation in this event. The wearing of protective headgear is compulsory… NO HELMET OR LIGHT NO RIDE!** | | | | |
| **SIGNED:** |  | | **DATE:** | **18 APRIL 2020** |
| **GUARDIAN::** | |  | | |
| If under 21 Years | |  | | |

**BANKING DETAILS**

**EBENEZER FUND**

**ACCOUNT NUMBER: 026625504**

**BRANCH: WESTGATE**

**BRANCH CODE: 016641**