

**CHILDREN'S HOSPITAL TRUST CHARITY TEAM  
2017 Cape Town Cycle Tour**

**ENTRY FORM**

*Thank you for entering our charity cycle tour group - we look forward to having you as part of our 'winning' team!*

**To add you to our charity group we need the following please:**

- \* Proof of payment of entry fee (R800)
- \* Contact information (*completed below*)

**Trust Banking Details:**

Bank: Standard Bank      Account Name: Children's Hospital Trust      Branch: Rondebosch  
 Account No: 07144 3126      Branch code: 025 009      **Ref: CT + Your name + surname**

**ENTRY INFO**

Tandem      Tandem Partner: \_\_\_\_\_  
 Single cyclist

**PERSONAL INFORMATION**

Surname:		Name:	
Preferred Name:		Gender:	
ID Type / Passport:		ID/Passport No:	
Nationality:		Birthdate:	

**CONTACT INFORMATION**

Mobile Number:		Alternative Number:	
Email Address:			

**PHYSICAL ADDRESS**

Address:			
Suburb:			
Province:			
Postal Code:			
Country:			

**CYCLING GEAR**

**Each cyclist will receive a complimentary, branded cycle top as a gift to wear on the day of the race.**

**Please specify your details below:**

Sex:	
Size Preference:	
Chest measurement:	

**TERMS & CONDITIONS**

**I hereby agree to the following terms & conditions for entering the 2017 charity team:**

- \* Each cyclist commits to raising a minimum donation of R2000 between now and 31 March 2017
- \* Cyclists NOT able to participate or complete the Cycle Tour for whatever reason (injury, illness, work commitments, cancelled leave, etc.) will still be held liable for the minimum donation
- \* Entries reserved must be paid on / by 26 September 2016. Failure to do so, will result in your entry being released to those cyclists on the waiting list

Signature: \_\_\_\_\_

Date: \_\_\_\_\_