



## REGISTRATION FORM

FIRST NAME:.....

SURNAME:.....

TEL NO (H):.....

TEL NO (W):.....

MOBILE NO:.....

EMAIL ADDRESS:.....

HOME ADDRESS:.....

.....

.....

POSTAL ADDRESS:.....

.....

.....

AGE:.....

### RATE YOUR GAME:

GOOD:

FAIR:

STARTER:

**DIETARY REQUIREMENTS:** VEG  NON VEG

I declare that I am physically and medically fit to participate in this event and assume the risks of such participation. I participate at my own risk and indemnify the organizers, sponsors, officials against injury, illness or any claim whatsoever which may arise as a result of my participation.

Signed:.....