

Registration form

Wattbike for Them

1. Team Name:

.....

2. Team Captain Name:

.....

• Contact Details:

• (Tel):.....

• Email:.....

3. Team details:

Name of Sponsor	Team member names	Amount per km being sponsored (minimum R20)	km/30min rode (office use only)	Total amount pp
1.	1.			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
6.	6.			
7.	7.			
8.	8.			
		Total		

4. Preferred time to ride: (choose between 08:00 – 15:00)

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Please tick box and sign:

I confirm that I will collect amount owed by each team member and if a team member fails to pay their contribution, I will take full responsibility of their payment and pay it on the 11 November 2017 or no later than 30 November 2017, to Child Welfare Bloemfontein & Childline Free State.

Signature:.....

Date:.....

PLEASE SEND REGISTRATION FORM TO wattbike4them@gmail.com or drop off at Sports Performance Clinic before 3 November 2017.

TEAR OFF HERE (for use on the day of the event)

Total Amount Due:

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Banking Details:

Name: Child Welfare

Bank: ABSA

Acc. Nr: 1039653920

Branch Code: 632005

Ref: W4T & team member name