
KING OF THE KERMESSE



Complete the details and email a copy including R350.00 proof of payment to entries@prologueevents.co.za

Personal Details:

First Name: _____

Surname: _____

Email: _____

Cell Phone: _____

Emergency Contact Details:

First Name: _____

Surname: _____

Cell Phone: _____

Medical Contact Details:

Medical Aid: _____

Allergies: _____

Membership Number: _____

Doctor Name: _____

Medical Plan: _____

Doctor Contact: _____

Race Category:

☐ ELITE ☐ LADIES ☐ JUNIORS ☐ VETS A ☐ VETS B

CSA License Number: _____

BANKING DETAILS: C.L TAYLOR ABSA TRUSAVE ACC: 934 978 9289 BRANCH: 5346