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# KING OF THE KERMESSE

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Complete the details and email a copy including R350.00 proof of payment to [entries@prologueevents.co.za](mailto: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: \_\_\_\_\_

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