

**SPRINGBOKTAK PROAMM INSKRYWINGSVORM.
SPRINGBOK BRANCH PROAMM ENTRY FORM.**



Saterdag \ Saturday
MAART 5de 2011
MARCH 5th 2011

NAAM EN VAN : NAME & SURNAME:		INSKRYWING / ENROLMENT	
Voog naam en van indien onder 18 Guardian name and surname if under 18		Senior Mans / Senior Men	
S.A.J.W.V LIDNOMMER		Senior Dame / Senior Lady	
S.A.H.G.C.A. MEMBERSHIP NUMBER		Junior Mans / Junior Men	
I.D.NOMMER \ NUMBER		Junior Dame / Junior Lady	
TEL NOMMER \ NUMBER		Apparte vorm per keer. Seperate form per shoot	
E-POS ADRES \ E-MAIL ADDRESS		PRYS PER SESSIE (2 skywe per sessie)	R 100
SEL NOMMER \ CELL NO		PRICE PER SHOOT (2 targets per shoot)	
NAASBESTAANDE KONTAK NOMMER NEXT OF KIN CONTACT NO		Skyf \ Target	1 kal \ cal
		Skyf \ Target	2 kal \ cal
		Faks vorm/s en betaalbewys na 013 665 3282 of e-pos na kaptein@netactive.co.za	
		Fax form/s & remittance advise to 013 665 3282 or mail to kaptein@netactive.co.za	
		TOTAAL / TOTAL R 100	
STRAATADRES (skut) STREET ADDRESS (shottist)		Gebruik Voorletters en van tesame met lidnommer as verwysing	
		Use Initials , surname and membership number as reference	
	Kode \ Code:		
POSADRES (skut) POSTAL ADDRESS (shottist)		Bankbesonderhede / Banking Detail	
	Kode \ Code:	SAJWV SPRINGBOKTAK BRAKPAN	
MEDIESEFONDSINLIGTING (skut) MEDICAL FUND INFORMATION. (shottist)		ABSA	
Lidnommer / membership no.		REKENING NO / ACCOUNT NO	4060310198
HUIS DOKTER HOME DOCTER		TAKKODE / BRANCH CODE	632005
		TJEK / CURRENT ACCOUNT	
VRYWARING / KWYTSKELDING: Ek verklaar dat ek, (naam).....liggaamlik en geestelik gesond is en voldoende opleiding ontvang het in die veilige hantering van vuurwapens. Ek onderneem om die regulasies en Wet60 / 2000 asook die reëls van hierdie kompetisie te eerbiedig. Ek vrywaar die S.A.J.W.B.V., die Springboktak, alle borge, vrywilligers, werknemers, agente mediese personeel, ampsdraers, skietbaaneienaars en organiseerders van enige skade, verlies, besering of dood, hoe ook al veroorsaak, spruitende uit my deelname aan hierdie kompetisie en verrigtinge.			
Hierdie vrywaring en kwytstelling is van toepassing op myself, my eksekuteurs, erfgename, administrateurs en sessionarisse.			
			Handtekening / Voog:
RELEASE / WAIVER: I (name).....declare and warrant that I am in good health and mentally sane. I declare that I have had sufficient training in the safe handling of fire arms and agree to comply with the regulations and Firearm Control Act 60/2000 and to abide with the rules of this event. I hereby waiver all my rights and release and discharge the organizers of this competition, the S.A.H.G.C.A., the Springbok Branch, all sponsors, volunteer groups, medical personel, and shooting range owners from any loss of article, injuries, loss of limb or life, however caused or sustained, arising from my participation in this event and competition. This waiver applies to my executors, my heirs, administrators, assigns and myself.			
			Signature / Guardian:
NB **** Ongetekende vorms sal nie aanvaar word nie. Unsigned forms wil not be accepted.			