TWO OCEANS
FISHING KAYAK CLUB

PO Box 212
L'Agulhas
7287
Tel 028 435 6444

REGISTRATION FROM 20_____/20_____

Please note that this form is for paddlers intending to take part in Kayak Fishing ONLY and does not cover registration for any Canoeing events at all.

SURNAME _____ MALE ☐ FEMALE ☐

INITIALS _____ NAME BY WHICH CALLED _____

DATE OF BIRTH _____

ID NUMBER

ADDRESS _____

_____

_____ CODE _____

TEL (H) (_____) _____ TEL (W) (_____) _____

FAX (_____) _____ CELL _____

E-MAIL _____

(Please print very clearly)
Do you suffer from a physical disability? YES ☐ NO ☐

If so, please specify _____

INDEMNITY : I have read and understood the indemnity overleaf and declare that I am aware of Items 1. & 2. And as such undertake to comply with item 3. (a), (b), (c) and 4.

_____
SIGNATURE

_____ _____
OFFICIAL AS WITNESS DATE

KAYAK PASSED YES ☐ NO ☐ PAYED R ☐