



# Entry Form

**Team Name:** \_\_\_\_\_

**Team Members:**

	Surname	Name	Cell No:	Date of Birth	Age	Church affiliation	Business / School Represent	Score
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**How many Ethnic groups are represented in your Team?** **Total:** \_\_\_\_\_

**Entry Cost per Team: R250.00**

**Official use Only:** Payment Received

**EFT Banking Details:**

ABSA Bank Vredenburg  
 Acc Name: JUMPSTART Community Centre (RF) NPC  
 Account No: 4088024452  
 Ref: Use **Team Name**

Please E-mail Proof of Payment to: [info@jumpstart.net.za](mailto:info@jumpstart.net.za)

(Payment enquiries contact 022 772 1902)



# Indemnity Form

While every effort is taken by **The Amazing Grace** Organizer's to protect and safeguard Participants from accidents, injury of loss, every participant is required to complete this form, before you can participate.

	Surname	Name	Cell No:	Signature	Next of Kin	Cell No:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Hereby indemnify **The Amazing Grace** organizer's including its officials, assistants, presenters & volunteers against any and all claims, including claims for costs, expenses, and legal costs, however they may arise, whether claimable by us or any third party, as a result of the injury or death of participant of the **The Amazing Grace** or any other person and or the loss, damage, theft of destruction of property belonging to any person, while on the **The Amazing Grace**.

\_\_\_\_\_  
Signature of Team Leader

\_\_\_\_\_  
Date