



APPLICATION FORM
Sunday, September 25 2016

PLEASE COMPLETE FORM BY USING BLOCK LETTERS

Name: _____ Sex: (check one) Male Female

Church: _____ Date of Birth: _____

E-mail Address: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Number : _____

Do you have any medical problems that would prevent you from completing the walk?

Please indicate by placing a tick beside the one of the selections: Yes | No

If yes, please state:

Please state any medicine/food/animal to which you are **ALLERGIC**

.....

Applicant's Signature: _____ **Date:** _____

Registration Fee: \$ 40.00 EC

Polo Shirt: S M LG XL 1XL 2XL Other _____

Zonal colours: East – Purple Central – Golden Yellow

West- White North – Gray

Kindly return the completed form with the registration fee

*** Please note that registration will not be confirmed until full payment is received ***