

FAMILY REGISTRATION FORM



Family Surname

First Name of Mom/Dad

Tel. No.

Address

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Family Surname

First Name of Mom/Dad

Tel. No.

Address

DETAILS OF ADULTS AND CHILDREN TO BE REGISTERED

First Names	Age	Gender	School / Madrassa	Adult VOUCHER NUMBER	Child VOUCHER NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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INDEMNITY

I, the undersigned, representing my family, hereby indemnifies the organisers of the event against any claim which may arise from any incident that may occur at this event.



Signature

Date

REGISTRATION FEE (to help cover the cost of the event)

Our Registration fees (R50 per person) R

IF ABLE TO :
Sponsoring the Registration fee for another child
Number of children
@ R50 each R

Total Registration fee R

Payment method

☐ CASH ☐ EFT ☐ CARD
Boorhaanol Social Welfare
FNB Long Street
A/c No.6222 8966 464

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