

# COSMO RUN

**GET UP**  
**MAKE A CHOICE**  
**SET THE TONE**

**In aid of the #HOOPstoot Project**

Name and Surname: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

ID/Passport Number (Required): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Area of Residence: \_\_\_\_\_

How did you hear about the event?  Radio  Pole Ad  Flyer  Social Media

Would you like to receive future information?  Yes  No

**Dependants:**

Name and Surname: \_\_\_\_\_ ID Number (Required) : \_\_\_\_\_

Name and Surname: \_\_\_\_\_ ID Number (Required) : \_\_\_\_\_

Name and Surname: \_\_\_\_\_ ID Number (Required) : \_\_\_\_\_

Name and Surname: \_\_\_\_\_ ID Number (Required) : \_\_\_\_\_

Name and Surname: \_\_\_\_\_ ID Number (Required) : \_\_\_\_\_

No of Participants: 10km Run/Walk  @ R80.00pp = \_\_\_\_\_

5km Run/Walk  @ R60.00pp = \_\_\_\_\_

Non-Participants  @ R20.00pp = \_\_\_\_\_

Children (0-7 years)  @ FREE

Include race shirt with my entry: **Yes / No** @ R120.00 = \_\_\_\_\_

(only adult shirts available; S, M, L, XL, 2XL, 3XL, 4XL)

Enquiry about group discount for 10 or more people

**TOTAL**

**DISCLAIMER AND WAIVER:** Participants take part in the 5km and 10km Fun Walk/Run at their own risk and waive all claims against Cosmo Gas and Welding (Pty) Ltd t/a Cosmo Industrial, land owners, any individual organizer or official, marshal, assistant or agent, the sponsors or any local authority or their employees. Minors (u. 18) must have this form signed by their parent/legal guardian who thereby indemnifies the organizers of the 5km and 10km Fun Walk/Run against all claims.

Entries cannot be refunded, cancelled, returned or exchanges on account of weather or unforeseen events occurring beyond the control of the event organisers.

Fax **entry form** to **012 804 6571** or email **petra@cosmowelding.co.za**. Bring proof of payment plus entry form.

**Banking details:** Cosmo Gas and Welding (Pty) Ltd. FNB Silverton, Account Number: 623 791 68034, Branch: 250 845.

**Reference no:** Name, surname and number of participants.

\_\_\_\_\_  
Signature Participant

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date

For more information: **012 846 3300**

**www.cosmowelding.co.za**



Proud Sponsors

