



INVITATION & ENTRY FORM – Rhodes Trail Run 2024 Tranche 3

Race Date: Saturday **29 June 2024**

Closing Date for this Entry: **Friday 17 May 2024**

Your Name: _____

ID Number Age on Race Day Gender

Provide Date of Birth if Passport Number used above No of Rhodes Run medals

Email _____

Mobile Alternative Contact Number

Team or Club _____ Nationality _____ City/Town where you live _____

Indicate if you **are** Diabetic or Asthmatic Indicate any allergies _____

Indicate any medication you are taking _____

Medical Aid name & number _____

Emergency contact details of someone **not participating** in the event: Name _____

Contact Number and relationship _____

Shirt Preference (mark block):

Ladies

Men's

X-Small Small Medium Large X-Large XX-Large XXX-Large

I (print full name) confirm having read and fully understand the Rhodes Run 2024 Rules, General Information & Guidelines.

SIGNATURE OF ENTRANT

DATE

Enquiries – Heather Ralph
061 516 6718
heather@rhodesrun.co.za
www.rhodesrun.co.za

Bank account Rhodes Run
FNB, Branch Code 250 655
Current account 6305 8469 363

