

AFRICA UNITED SOUTHGATE PARK!

REGISTRATION FORM

TEAM NAME _____

TEAM TYPE

Corporate

Local

School

Other

*If other please specify:

CONTACT PERSON

TEL NO

CELL NO

EMAIL

ONLY R20 PER GAME FOR EACH TEAM
MEMBER

DATES TO BE CONFIRMED WITH TEAMS VIA
SMS

RETURN FORM VIA EMAIL TO

noziphon@primelife.co.za OR FAX TO 086 694

4654

