



**Skilderkrantz**  
**Box 313**  
**Joubertina**  
**6410**  
**South Africa**  
**Telephone:** (+27) 42 273 9900  
**Mobile:** (+27) 083 513 0589  
**Fax:** (+27) 42273 9900

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: (With international Dialing Code) \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Contact Details for Next of Kin: \_\_\_\_\_

Country: \_\_\_\_\_

Nationality: \_\_\_\_\_

Preferred Dates: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Medical Problems we need to know about: \_\_\_\_\_

About yourself: (Skills, Special Interests, Fitness level ECT) \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_