MIND SPORTS SOUTH AFRICA

P O Box 19275, FISHER'S HILL, 1408

Cell: 078 069 3089, Fax. 086 672 1911, E-mail: mindsportscorrespondence@gmail.com https://www.facebook.com/mindsportssa

2021 – PLAYER REGISTRATION FORM

1 November 2020 to 31 October 2021

Name of club to which affiliated:

Category of registration: Please tick the category that is applicable)

School player @ R10.00 each											4							
Registered playe								R115	.00	each								
Place write in RI (CK I I	TTEI	20															
Please write in BLOCK LETTERS. SURNAME								Disciplines played:										
FIRST NAMES								Board-gaming YES NO										
NICK NICK							Esports								NO	-		
TEAM NAME							Figure-gaming								NO			
TEAM NAME							Robotics					YES			NO	$\overline{}$		
POSTAL ADDRESS							State games played:					IES NO						
FOSTAL ADDRES	<u> </u>						Stati	gan	ies į	nayeu								
					State	2 2017	dies	hility	that	nat you may have:								
				State any disability t						mat	hat you may have.							
RESIDENTIAL ADDRESS:								Gender F					emale Male					
								POPULATION GRO					UP					
							Black Coloure			red					ite			
														•				
TELEPHONE #: (h)							(w)											
Fax number:							Cell 'phone:											
E-mail:							Sky	oe:										
OCCUPATION:				PERS	ONA	.L PA	ARTI	CUL	ARS									
Highest educational qualification:													Age:					
GOLF SHIRT	1	WIN	DBR	EAK	KER SIZE				TF	TRACKSUIT SIZE								
S M L XL X	XX XX L XL	XX	S	M	L	XL	XX L	XX XL	XX XX		M	L	XL	XX L	XX XL	XXX XL		
	L	L						AL	L						, AL	AL		
In regard to any eve undertake to conform SPORTS SOUTH A	m to, a	nd be														•		
Signature of player:								date:										
If under 18 years of	age, th	e lega	l gua	ardiar	of t	he m	inor	must	sign	l .								
Signature of elected	club o	fficial	:															