



LEIGH'S CYCLE CENTRE CYCLE CLUB MEMBERSHIP APPLICATION FORM

CLUB DETAILS: CYCLE CENTRE KZN

Address: P O Box 184, Pavilion, 3611
Email: cyclecen@iafrica.com
Phone: 031 265 1581
Fax: 086 541 9346

Club Membership Fee: Free

CONTACT DETAILS

Name: _____ Gender: Male / Female
Address: _____
Code: _____
Email Address: _____
Cell Number: _____

ID DETAILS (Please note all details will be kept confidential at all times and not distributed to any list.)

Date of Birth: _____ Winning Time No.: _____
ID Number: _____ ChampionChip: _____

AGREEMENT CONDITIONS

I, _____ hereby agree to abide by the Rules & Regulations of Cycling Club South Africa and Leigh's Cycle Centre Cycle Club and will not bring the club, the sponsors or the sport of cycling into disrepute in any way whatsoever. I hereby accept that cycling is a dangerous sport and I am aware of all the associated dangers. I will in no way whatsoever hold the sponsors, club administrators or sports bodies responsible for any injury suffered while cycling or participating in cycling events. I accept that the Club Constitution is available for my perusal and I am satisfied with its contents.

SIGNED

I confirm all the above details to be correct and accept all terms and conditions as stipulated.

SIGNATURE: _____ DATE: _____