



RUSTENBURG CYCLING
2019 Club Application Form

Please provide all the information below:

		CSA ID (Lic No)	
First name		ID Number	
Last name		Date of Birth	
Previous Club		Gender	

Residential Address		Postal Address	
Suburb		Suburb	
Town		Town	
Post Code		Post Code	

Personal Contact Number		Personal Email Address	
Mountain Bike / Road Bike		Emergency Contact Person: Name & Cell	

PAYMENT SCHEDULE

Items Description	Quantity	Unit Price	Total
Club Membership <i>(Including club shirt)</i>		R 550.00	
Club Membership <i>(Scholar, including club shirt)</i>		R 430.00	
Club Membership <i>(Pensioner, including club shirt)</i>		R 445.00	
		Amount Due	

Banking Details	
Banking	Standard Bank
Account Name	Rustenburg Multisport
Account Number	27 249 806 8
Branch Code	052646
Payment Reference	Please use your name

Please note the following

- All 2019 CSA Membership fee's must be paid directly to CSA plus North West Affiliation Fee
- All Applications forms must be submitted together with proof of payment.

ATTACHMENTS FOR OFFICE USE ONLY:

Proof of Payment

For Office use Only

Date Processed _____
 Payment made _____
 Cycle Zone Payment Reference _____

For assistance please contact Charl Klopper:		For assistance please contact Donita Visser:	
Telephone	0834558193 (C)	Telephone	0832946046 (C)
E-mail	charlk1964@gmail.com	E-mail	donita.visser@gmail.com

Please email the completed form with proof of payment to either Charl or Donita:

Indemnity:

I/We accept the terms and conditions of the personal indemnity published on the website of the Rustenburg Cycling Club (www.rustenburgcycling.co.za) .
 I/We the undersigned furthermore accept and agree that neither Rustenburg Cycling Club, nor the sponsors shall be held liable, under any circumstances, for any injury or damage that I/We may suffer during, in connection with, or as a result of my membership and association with the club rides and events planned and hosted.
 I /We also agree to abide by the rules of club and events, and ride in a manner which is safe to me and others. I/We also declare that the bicycle that I will ride in the events is in good working order and will be properly maintained.

Signature _____

Signature _____
 (Parent/ Guardian (younger than 18 Years))



RUSTENBURG CYCLING
Club Shirt Order Details

Front view



Back view



Please provide all the information below:

First name	
Last name	
Payment made	
Date ordered	

- 1 Height**
Place feet together flat on floor, measure from the top of the head to the ground without shoes.
- 2 Collar**
Measure around the neck at base where shirt fits.
- 3 Chest**
Measure the chest around the fullest part, placing the tape close up under the arms making sure the tape is well up at the back over the shoulder blades.
- 4 Waist**
Measure around the natural waistline over any under garments which may be worn.
- 5 Inside Leg**
Measure from the top of the inside leg at the crotch to the hem.
- 6 Outside Leg**
Measure from natural waistline to the hem.

Name to be printed on shirt	
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Chest measurement	
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Waist measurement	
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Cut (Men/Ladies)	
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Cut (Comfort/Race)	
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I hereby acknowledge that I took the measurements myself, doubled checked my name, and have specified the type of cut for my shirt and accept full responsibility for the outcome.

Signature _____

Signature _____
(Parent/ Guardian (younger than 18 Years))