



CANSA Relay For Life OLIFANTSRIVIER

12/13 MARCH 2016

Survivor Registration

Name & Surname: _____

Age: _____ Gender: M F

Telephone: (H) _____ (C) _____

Email address: _____

Postal Address: _____

Will you require assistance (e.g. wheelchair, caregiver) at the event? YES NO

(If yes, please specify) _____

Designated parking for wheelchair needed? YES NO

T-Shirt Size Adult: S M L XL XXL

Child: S M L XL XXL

Would you like to be added to our database: YES NO

Signature _____

PLEASE SEND REGISTRATION FORM TO:

Hanli van Zyl: hvzyl@cansa.org.za

Martie van Zyl

Tel nr: 027 422 -1280 / 082 894 -5768

Penkopstraat 5 Vredendal

Eldene Goosen: CANSA Agapé Care Clinic :
Tredoux Building Voortrekkerstraat Vredendal

Tel nr 027 213 1585 / 083 660 -1383

Tel nr 027 213-5919

supported by



ONE WORLD - ONE HOPE!

CELEBRATE

REMEMBER

FIGHT BACK