



Saturday November 16th 2019 at 3:00 p.m.

Registration Fee: \$75.00 (Per Person)

\$50.00 (Group discount for 5 or more persons)

Includes: T-shirt

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH ____/____/____

AGE:

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME/CELL NO: _____/_____

T-SHIRT SIZE:

Are you or a close relative diabetic?

Yes

No

If yes, please provide the name of the individual _____

Contact number of individual _____

I hereby waive and release any and all rights for damage I may have against the sponsors and organizers of the 2019 Diabetes Walk and their agents for any injuries suffered by me at the said event.

Signature _____