

World Athletics Cross Country Championships Bathurst, Australia 18 February 2023 Proposed Squad

Surname												
Names as in Passport												
Preferred name												
Gender												
Weight												
Height												
Country of birth												
City/town of birth				-								
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Race (e.g. coloured)												
Nationality												
ID number												
Special event e.g. 100m												
2 nd event e.g. 400m												
Name of club												
Licence number												
Province (that you run for)												
Passport	So	uth	Afr	ican	1		Othe	er (Pleas	e Spe	ecify)	
Passport number	So	uth	Afr	ican			Othe	er (Pleas	se Spe	ecify)	
Passport number Date issued	So	uth	Afr	ican			Othe	er (Pleas	e Spe	ecify)	
Passport number	So	uth	Afr	ican			Othe	er (Pleas	e Spe	ecify)	
Passport number Date issued Expiry Date	So	uth	Afr	ican			Othe	er (Pleas	e Spe	ecify)	
Passport number Date issued Expiry Date Telephone	So	uth	Afr	ican				er (Pleas	e Spe	ecify)	
Passport number Date issued Expiry Date Telephone Mobile number	So	uth	Afr	ican					Pleas	se Spe	ecify)	
Passport number Date issued Expiry Date Telephone Mobile number Fax	So 	uth	Afr	ican					Pleas	se Spe	ecify)	
Passport number Date issued Expiry Date Telephone Mobile number	So		Afr						Pleas	se Spe	ecify)	
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail	So 		Afr						Pleas		ecify)	
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation			Afr						Pleas			
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation Employer / School			Afr						Pleas			
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation			Afr						Pleas			
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation Employer / School Employer / School			Afr						Pleas			
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation Employer / School Employer / School									Pleas			
Passport number Date issued Expiry Date Telephone Mobile number Fax E-mail Occupation Employer / School Employer / School address			Afr						Pleas			

Please return your forms to: thabangm@athleticssa.co.za

Father's name		
Contact number		
Father's email address		
Next of kin (mother or		
father)		
Spouse (only if married)		
Next of kin contact		
Athletes postal address		
		Postal code:
Athletes physical address		
		Postal code:
Coach's name/s in full		
Telephone	Work:	Home:
Other contacts	Mobile:	Fax:
Email address		
Manager (Athletics) name		
Contacts	Work:	Mobile:
Email address		
Athletes banking details		
Bank and branch name		
Branch code		
Type of account		
Account number		
Medical aid name		
Main member's name		
Membership no	<u> </u>	
Family doctor	<u> </u>	
Family doctor's contact		

OUTFITTING FORM

NAME:

PROVINCE:

Leisure wear		
	Please indicate sizes as per s, m, l, xl, 4xl etc	Notes
Golf shirt		
T-shirt		
Sweater		

Footwear		
	UK sizing please	
		Notes
Slip-ons		
X-trainers		

COMPETITION WEAR (Athletes only)

Please tick only what you wear for competition

Item	Size	Notes
VEST		
SHORTS		
UNITARD (MEN) Body Suit		
LONG TIGHT		
CYCLE PANTS		
CROP TOP (WOMEN)		
BRIEF (WOMEN)		
HOT PANTS (WOMEN)		
TRACK SUIT TOP		
TRACK SUIT PANTS		