

TRANSFORM 2018

		EN	TRY FORM
	Complet	e the Entry Form be	low and submit by 1 September 2018
Name and Surname	2	Date of Birth	Gender
Tel			
Email			
Province		Cı	rrent Weight
How did you hear a	bout the TRANSF	ORM 2018 Challeng	ge?
Option 1: Full Packa	age	Op	otion 2: Limited Package
TRANSFORM 2018 this Challenge and Sponsors of any in	ally agree to the 8 Body Transfor d take part at m njury/death/illno	mation Challenge. y own risk. I fully a ess that may occul	ons and I fully understand the Indemnity of the I proclaim myself to be physically healthy to take part in agree that I have no claim against the Coach or the r during the challenge. I agree that my e-mail address man
Accept Terms	Yes	No	
Signature of entran	t		
_	•	eptember 2018. Yo	ou will receive confirmation of your entry once proof of iled.
Registration fees	must be paid via	a EFT of cash depo	sit into the following bank account:

Bodylife **FNB**

Account number: 620 7795 6210

Branch code: 250 655

Reference: Name and Surname

Email proof of payment to: bodylife@mweb.co.za