

SHOE TIMING CHIP ATHLETE'S DETAILS



DATE PURCHASED: _____

ATHLETE DETAILS							
TIMING CHIP No.							
FIRST NAME							
SURNAME							
DATE OF BIRTH	Y Y Y Y / M M / D D						
GENDER	MALE	<input checked="" type="checkbox"/>	FEMALE	<input checked="" type="checkbox"/>			
CATEGORY	JNR	OPEN	35+	40+	50+	60+	70+
ATHLETIC CLUB							
CLUB LICENCE NO.							
NON CLUB MEMBER							
EMAIL							
CELL NUMBER							
ID NUMBER							
AGE							