



BKS SAICE BRIDGE BUILDING COMPETITION

FAX: 011 805 5971

E-MAIL: zgirald@saice.org.za

Please complete and return to Zina Giraldo SAICE, together with the attached indemnity forms that are to be completed and signed by the relevant team members parent/guardian by **10 August**

SAICE

Organiser

Branch: _____ Name & Surname: _____ Title: _____

Tel (w): _____ Cell: _____ e-Mail: _____

Teacher in charge

School: _____ Name & Surname: _____ Gender: _____

Postal address: _____

Tel (w): _____ Cell: _____ e-Mail: _____

PLEASE COMPLETE THIS FORM WITHOUT LEAVING ANYTHING OUT - E-MAIL ADDRESS MUST BE PROVIDED

First name and surname of the three learners in the school team: Gender: T-shirt size:

1. _____ age: _____	2. _____ age: _____	3. _____ age: _____	Gender: M, F
			T-shirt sizes: S-small, M-medium, L-large, XL-extra large, specify if other

What form of transport will you be using? Please tick the appropriate box and complete the additional details:

Car Date & time of arrival: _____ Departure: _____

Registration Number: _____

Bus Date & time of arrival: _____ Departure: _____

Train Date & time of arrival: _____ Departure: _____

Aeroplane Date & time of arrival: _____ Departure: _____

Other Date & time of arrival: _____ Departure: _____

Specify: _____

Please specify dietary requirements:

Please specify special requests:

Would you like to attend a team activity on the evening before the competition? Yes No

Would you like to attend an engineering site visit or an outing or both on the day after the competition? Yes No