AIRE - Registration & Indemnity form:

First name: _____

Surname: _____

Mr / Mrs / Miss / Dr / Other: _____

Company / Organisation: _____

Position held / Title: _____

Postal Address: _____

_____

Physical Address: _____

_____

Cell phone No. _____

Office No. _____

Fax No. _____

E-Mail Address: _____

Web site address: _____

Face book profile: _____

By completing and signing this form below, I accept that the organiser, owners of the property, assistants or any other participants in this event accept no responsibility for any injury, loss, damage, or otherwise to my person or property. I hereby acknowledge that I am aware that this is a motorised, crash testing event and that there are inherent dangers associated with such an event.

Signature of attendee: _____

Date: _____/_____/ **2016**

PLEASE NOTE:

ENTRY TO THE EVENT WILL NOT BE ACCEPTED SHOULD THIS FORM NOT BE SIGNED

Complete & fax or email this form along with your proof of payment to:
0866 138 407 or **email** to: admin101@accidentspecialist.co.za

Banking details:

Accident Specialist
Nedbank Musgrave:
Account Number: 1301 244 643
Branch Code: 1301 26
Reference: The following format is to be used as payment reference: **CT "Your Name"**

Example: CT John Paul