

# SAHT.

**PARTICIPANT NO :**

**NAME :**

**SURNAME :**

**TEL :**

**EMAIL :**

**AGE :**

**DATE OF BIRTH :**

**NB : CHOOSE THE INDIGENOUS GAME YOU WANT TO PARTICIPATE IN.**

<b>GAME ONE</b>	<b>GAME TWO</b>	<b>GAME THREE</b>
		
<b>YES/NO :</b>	<b>YES/NO :</b>	<b>YES/NO :</b>

**DO YOU HAVE ANY DISEASE? [YES/NO] \_\_\_\_\_.**

**IF YOUR ANSWER IS YES FILL IN THE INFORMATION BELOW OF THE PERSON WE MUST CONTACT CASE AN EMERGENCY OCCURS.**

**NAME :**

**SURNAME :**

**TEL :**

**ENTRY FEE : R15.00**

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_