



VAAALATHLETIC CLUB

P O Box/Posbus 263082
Three Rivers/Drie Riviere
Vereeniging
1935

PERMANENT NUMBER APPLICATION FORM

NAME : _____

ID NUMBER: _____

CURRENT LICENSE NO.: _____

PROVINCE: _____

POSTAL ADDRESS: _____

CONTACT NO.: _____

YEARS'S THAT WE RUN

YEAR	TIME	YEAR	TIME	YEAR	TIME	YEAR	TIME

NOTE: 1. All information provided will be verified with the records available.

2. Permanent numbers are awarded at the discretion of the Vaal Athletic Club.

3. E-mail this document to : admin@vaalmarathon.co.za