

**MANDELA WEEK
THURSDAY, 18 JULY 2019**

**REGISTRATION TO PARTICIPATE
CARNIVAL CITY
#2030isPossible**

INVOICING DETAILS			
COMPANY NAME:			
POSTAL ADDRESS:			
		POSTAL CODE:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
VAT NUMBER:			
CO REGISTRATION NO:			

Please indicate:

1. Number of Teams - 20 People per team

Teams	Volunteers	Donation	✓
1	20	R12,000	
2	40	R24,000	
5	100	R60,000	
8	160	R96,000	
10	200	R120,000	

2. Shift time/s

Shift	Shift Times	# of Teams
SHIFT 1	09:00 TO 10:07	
SHIFT 2	11:00 TO 12:07	
SHIFT 3	13:00 TO 14:07	

PRINT FULL NAME OF PERSON SIGNING THIS REGISTRATION:			
CONTACT NUMBER		EMAIL ADDRESS:	
NAME OF PERSON RESPONSIBLE FOR PAYMENT:			
CONTACT NUMBER		EMAIL ADDRESS:	

NOTE: INVOICE AND MOU TO FOLLOW RECEIPT OF THIS REGISTRATION. THIS REGISTRATION IS ONLY CONFIRMED ON PAYMENT OF THE INVOICE AND RECEIPT OF THE CONFIRMATION OF PAYMENT (email to: surayahm@rahafrica.org). INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.

DONOR AUTHORISED SIGNATURE:

NAME (PRINT IN FULL)

SIGNATURE

PLACE SIGNED

DATE

NTUTHUKO DUBE (NATIONAL OPERATIONS MANAGER)

FOR RISE AGAINST HUNGER AFRICA