

**MANDELA WEEK  
THURSDAY, 18 JULY 2019**

**REGISTRATION TO PARTICIPATE  
WINDMILL CASINO-BLOEMFONTEIN  
#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](mailto:surayahm@rahafrica.org)). INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.**

**DONOR AUTHORISED SIGNATURE:**

\_\_\_\_\_  
NAME (PRINT IN FULL)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PLACE SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FOR RISE AGAINST HUNGER AFRICA

NTUTHUKO DUBE (NATIONAL OPERATIONS MANAGER)