SANBI EDUCATIONAL WORKSHOP ENTRY FORM

All learners must complete a form if they wish to participate in the programme.

Please complete all fields marked with an asterisk \*

Complete the form and email it to info@sanbieducate.co.za.

**Personal Information**

\* SURNAME

\* FIRST NAMES IN FULL

\* GENDER

\* ID NUMBER <<Add control>>

\* DATE OF BIRTH (YYYY/MM/DD)

Contact Information

\* TELEPHONE (HOME)

\* TELEPHONE (CELL)

\* PLEASE SELECT THE DAY ON WHICH YOU WOULD LIKE TO ATTEND

SATURDAY (Full day) [ ]

WEDNESDAY (Half day)