



**MANDELA DAY**  
**FRIDAY, 12 July 2024**  
 REGISTRATION TO PARTICIPATE  
**Golden Horse Casino**  
**“Become a Hunger Champion”**

**IT STARTS WITH A meal**  
**GOLDEN HORSE**

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

Please indicate:

**1 Team- 18 People per team**

Teams	Volunteers	Donation	✓
1	18	R12,500	
2	36	R25,000	
3	54	R37,500	
4	72	R50,000	

**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: kznevents@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

\_\_\_\_\_  
 KIM CARRINGTON (EVENTS & MARKETING CO-ODINATOR)