ENTRY FORM: Rhodes Trail Run 2027
Saturday, 10 July 2027

Entry type (Tick applicable box)

	Early Bird 1: opens 16 Oct	**52km: R 1 850**	**Closing date: 30 Oct 2026**	**Year of last run:**
	Early Bird 2: opens 31 Oct	**52km: R 1 850**	**Closing date: 13 Nov 2026**	n/a
	Standard: opens14 Nov	**52km: R 2 100**	**Closing date: 14 May 2027**	n/a

Name _____

ID Number _____ Age on Race Day ____ Gender ___

Provide Date of Birth if Passport Number used above _____ No of Rhodes Run medals _____

Email _____

Mobile _____ Alternative Contact Number _____

Team or Club _____

Nationality _____ City/Town _____

Indicate if you **are** Diabetic ____ or Asthmatic ____ Indicate any allergies_____

Indicate any medication you are taking _____

Medical Aid name & number_____

Emergency contact details of someone **not participating** in the event:

Name _____

Contact Number _____

and relationship _____

Shirt Preference (mark block):

X-Small	Small	Medium	Large	X-Large	XX-Large	XXX-Large

OPTIONAL: I want to contribute towards the entry fee for a local Rhodes Runner. Amount: R _____

I,……
……. (print full name) **confirm**
having read and fully understand the Rhodes Run 2027 Rules, General Information & Guidelines.

_____ _____

SIGNATURE OF ENTRANT DATE

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Rhodes
Run