



**SEAPOINT TOWN HALL  
24 NOVEMBER 2009 TO 5 DECEMBER 2009**

Seapoint Town Hall c/o Three Anchor Bay and Main Roads, SEA POINT  
Telephone: 083 623 1342 Fax: 021 558 2344 email: ischeepers@telkomsa.net

1. Name & Surname: \_\_\_\_\_
  2. Home Address: \_\_\_\_\_
  3. Postal Address: \_\_\_\_\_
- Code: \_\_\_\_\_

4. Telephone:
 

Home	(    )
Work	(    )
Cell phone	
Fax	
Email address	

5. Exhibition space required:  
(PS: Final decision will be made by Co-ordinators)
 

Full table (2 m)	
Half table (1 m)	
Quarter table	

Fridge space (Please mark applicable block with X)

Other exhibition space required: \_\_\_\_\_

Explain why: \_\_\_\_\_

6. Category: \_\_\_\_\_ Time of selection: \_\_\_\_\_ Afr/Eng \_\_\_\_\_
- I prefer my payment to be made as ````
- |                      |  |
|----------------------|--|
| Per Cheque           |  |
| Paid into my account |  |
| To be collected      |  |
- (Please mark applicable block with X)

7. My bank details: Name \_\_\_\_\_
 

Name of Bank	
Branch code	
Account number	
Type of account	

**INDEMNITY**

**I, the undersigned \_\_\_\_\_, hereby indemnify the Reformed Church of Cape Town, its employees and agents against any liability of any nature which I, my business and/or my employees may suffer directly or indirectly as a result of theft, for any damage breakage, injury, fire, lightning, *vis major casus fortuitus* or any other cause.**

**Signature of Exhibitor: \_\_\_\_\_**

**Date:** \_\_\_\_\_



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Handtekening/Signature

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Datum/Date

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Tyd/Time