



# THE SEKONDI-TAKORADI MARATHON 2020

## REGISTRATION FORM

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Home Town: \_\_\_\_\_

Region: \_\_\_\_\_

Nationality: \_\_\_\_\_

Contact Number: \_\_\_\_\_

WhatsApp Number: \_\_\_\_\_

Email: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Present School: \_\_\_\_\_

Workplace/present Place Of Work: \_\_\_\_\_

Last Race You Participated In: \_\_\_\_\_

Position: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Contact: 0243469362 / 0540682762 / 0554395023 / 0553424286

Email: [medivents16@gmail.com](mailto:medivents16@gmail.com)