



Physical Address
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KWAZULU-NATAL ATHLETICS

To : All Clubs, Commissions and Committee
Members, Associate Members: SASSU; SAMA; SANDF ;
SAPS; KZNSSA; Disability Sport SA
Special Member : Comrades Marathon Association

From : Dees Govender
KZN Athletics

Date of Notice: 19 October 2020

NOTICE OF SPECIAL GENERAL MEETING

Dear Member

On behalf of the Administrator of KwaZulu-Natal Athletics, Mr Jay Reddy, notice is hereby given of the KwaZulu-Natal Athletics Special General Meeting to be held as follows:

NOTE: Due to the Covid-19 Level 1 Regulations, all Covid-19 protocols MUST be complied with.
ONLY ONE DELEGATE PER CLUB WILL BE ALLOWED AT THE MEETING.(VENUE)

Date : SATURDAY, 14 NOVEMBER 2020

Venue : Kingsmead Sahara Cricket Stadium
Cnr of Old Ford Road and Masabalala Yengwa, DURBAN

Time : *Strictly Commencing at 09h00*
Ending at 11h00
(2 Hours)
Registration from 08h00 to 08h45

Delegates are requested to please arrive early in order to allow time for COVID compliance procedures

AGENDA:

1. Welcome, Attendance and Apologies
2. Administrator's Address / Report
3. Financials Y2018
4. Chestnut House

5. Fees and levies for 2021

6. Closure

Kindly note the following:

- Please confirm attendance at this meeting by completing the “Attendance Form”
- Limited refreshments in line with COVID regulations will be available
- Reminder, just one [1] delegate per member organisation

These replies are to be forwarded to KZN Athletics by Monday, 09 November 2020.

I look forward to your co-operation.

Thank you.

Yours sincerely

Dees Govender
KZN Athletics

KZN ATHLETICS

ATTENDANCE FORM: SPECIAL GENERAL MEETING

Due to Covid-19 Regulations, the attendee's name must be forwarded to KZNA on this form by close of business on 09/11/2020

DATE OF MEETING: SATURDAY, 14 NOVEMBER 2020

FROM: THE CHAIRPERSON/SECRETARY

_____ ATHLETIC CLUB/ASSOC MEMBER

Hereby confirm that the person nominated below will attend on behalf of our Organisation. Further, we confirm that they are aware of the COVID regulations, have undertaken to follow the regulations related to wearing of masks, distancing and sanitising and will willingly undergo the screening process.

Person attending: 1. Name : _____

2. Contact Number: _____

3. Physical address: _____

Will not be attending(Apology)

Authorized by : Signature: _____

Capacity : _____

HEALTH QUESTIONNAIRE: SCREENING FOR COVID-19
THIS QUESTIONNAIRE TO BE COMPLETED BY EACH PERSON AT THE MEETING

Date:						
Meeting Details:						
First Name						
Surname						
Cell phone no.						
Identity or Passport no						
Date of birth				Age		
Sex	Male		Female		Other	
Current Residential Address						
Temperature						
Have you experienced any of the following symptoms in the past 3 days						
- High Temperatures/Fever	Yes		No			
- Cough	Yes		No			
- Shortness of Breath	Yes		No			
- Sore Throat	Yes		No			
- Loss of taste	Yes		No			
- Loss of smell	Yes		No			
Have you tested positive for COVID in the last 14 days?						
	Yes		No			
Have you been on contact with a COVID positive person in the last 14 days?						
	Yes		No			

Note: All sections must be completed

If you confirm any of the above, you will not be allowed entry into the meeting

If your temperature is greater than 38 degrees, you will not be allowed into the meeting