

Personal Information

Prefix Mr Mrs Miss Ms Prof Dr

First Name _____ Last Name _____

Company _____

Date of Birth _____ Gender Male Female

Address _____

Town/Suburb _____ State _____ Postcode _____

Email Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Please do not print my details in any publications in regards to the Come to Life Cycle Classic.

Emergency Contact Details

Emergency Contact _____ Phone Number _____

Ride Entry

OAMPS Insurance Lake Wendouree Classic - 2.5 hours
 Pipecon Classic 100km
 3BA Classic 85km
 Sixtyone Design Classic 65km

Registration type

Individual corporate/business rate (includes jersey) \$80
 Lake Wendouree Classic 2.5 hours \$20 ^
 Concession - student/healthcare card holders ^ \$35
 Child under 10 Free entry ^ *
 ^ does not include jersey * ride type only available on Lake Wendouree Classic Challenge

Estimated Average Speed

< 20 km/hr
 30 - 34 km/hr
 20 - 24 km/hr
 35 - 39 km/hr
 25 - 29 km/hr
 40 km/hr or faster

Cycle Classic/Rotary of Ballarat South Raffle – First Prize Holden Cruze valued at \$31,334.50

Purchase a raffle ticket for \$2.00

Yes No

Free Jersey Size XS S M L XL 2XL 3XL

Purchase a jersey (\$40.00) M L XL

Team Information

Are you riding in a team? Yes No If so, enter the team code _____

Additional Donation

If you wish to make a donation on top of your ride entry fee, please enter the amount. If not, leave blank \$ _____

Insurance

We recommend that you take obtain personal accident insurance before taking part.

This type of cover is available through membership of Bicycle Victoria. The waiver that you sign as a condition of entry does not cover participants for accidents caused by yourself or another rider. If you require an ambulance, please note that you will be charged for the transportation.

I agree to the terms and conditions of registration (available at <http://www.ballaratcycleclassic.com.au>)

Cost and Payment Information

\$ _____ Registration type

\$ _____ Purchased jersey (if applicable)

\$ _____ Additional donation

\$ _____ Raffle ticket

\$ _____ TOTAL

Payment method (please tick one, cheques payable to Ballarat Cancer Research Centre)

Cheque /money order Visa Mastercard Bankcard

Expiry date ____ / ____ / ____ Card verification number ____ ____ ____

Name on card _____

Signature _____

Date _____