

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.

Additional Family Details

Spouse Name _____ Age _____ Date of Birth _____

Child 2 Name _____ Age _____ Date of Birth _____

Child 3 Name _____ Age _____ Date of Birth _____

Child 1 Name _____ Age _____ Date of Birth _____

Emergency Contact Details

Emergency Contact _____ Phone Number _____

Ride Entry

- Lake Wendouree Classic Challenge 2.5 hours
 Mt Buninyong Classic Challenge 100km
 Yankee Flat Classic Challenge 50km
 Yankee Flat Classic Challenge 85km

Registration type

- Individual corporate/business rate (includes jersey) \$75
 Concession - student/healthcare card holders ^ \$35
 Sports Club ^ \$35
 Social/community or service group ^ \$35
 School group (per person) \$20 ^ *
 Family (per person) \$20 ^ *
 Child under 10 Free entry ^ *

^ does not include jersey * ride type only available on Lake Wendouree Classic Challenge

Estimated Average Speed

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

Free Jersey Size M L XL

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

\$ _____ TOTAL

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

Cheque /money order Visa Mastercard Bankcard

Expiry date ____ / ____ / ____

Name on card _____

Signature

Date

Please complete all sections and return the form with payment to Ballarat Cancer Research Centre, PO Box 105W Ballarat West Vic 3350