RIDER SPORTSWEAR

2009 VSCC ENTRY FORM

TAX INVOICE | ABN 48 832 128 431

CycleSport VICTORIA

ENTER ONLINE @ www.vic.cycling.org.au OR PRINT DETAILS BELOW (BLOCK LETTERS)

SCHOOL DETAILS

SCHOOL

ADDRESS

TEACHER

ZONE FINAL

P/C

PHONE

EMAIL

STUDENT DETAILS ($12 per student)

NAME	SURNAME	STUDENT ADDRESS STREET	SUB/TOWN	PC	EMAIL	CAT *N /R*	D.O.B *5/05/1993*	M/F

Students x $12. TOTAL AMOUNT OWING $

POST WITH CHEQUE PAYABLE TO: CycleSport Victoria, PO BOX 180, Fairfield, Vic 3078 | FAX 03 8480 3099

MORE INFO: Contact Luke Mason @ CycleSport Victoria E: Luke.Mason@cycling.org.au Ph: 8480 3000

NO ENTRIES ACCEPTED WITHOUT FULL PAYMENT

* I understand that this event is being conducted under the auspices of Cycling Australia (CA) and by completing this Race Entry form I am also purchasing a Permit for temporary membership of CA for the duration of this event. Such a Permit includes a level of insurance cover under the CA Novicover program. This cover includes any non Medicare expenses incurred, which are not recoverable from any other source, up to a maximum of $2000 for any one claim. (Excess $20). Public Liability cover is provided for a sum insured of $20,000,000. The period of cover is from the actual start of the event to the finish line or withdrawal from the event by the participant , including any preparatory warm-up activity officially scheduled as part of the event. Conditions are subject to change without notice. (Maximum cover under the CA insurance scheme can be obtained by becoming a fully registered member. CA insurances are managed by Willis Australia Limited. ^By signing this form I give permission for CycleSport Victoria to contact me with relation to Victorian cycling events and development initiatives. # I also understand that photos may be taken by CycleSport Victoria on the day and used for CycleSport Victoria purposes only.

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