



BEACH 2 BORDER CYCLE CHALLENGE 2009

IN SUPPORT OF MUSCULAR DYSTROPHY ASSOCIATION

REGISTRATION FORM		Entry Fee: \$125.00
ENTRY CLOSES 31st August - Max 50 Entrants		Includes Event Jersey: Please Circle
DATE:	Friday 30th October	Size S M L XL XXL XXXL
TIME	6am - 6pm Approx	PAYMENT CAN BE DEPOSITED INTO THE FOLLOWING ACCOUNT
START	Port Melbourne Beach	
FINISH	Echuca - Moama Border	Acct Name: BEACH TO BORDER
DISTANCE:	220 Kms	BSB: *063607*
CONFIRMATION:	ON RECEIPT OF PAYMENT	ACC: 10536036
PERSONAL DETAILS		NEXT OF KIN

FIRST NAME:	NAME
LAST NAME:	RELATIONSHIP
HOME PHONE:	MOBILE NO:
MOBILE:	HOME NO
EMAIL ADDRESS	WORK NO:
HOME ADDRESS	Please Note; Each Rider is responsible for their individual: 1. Ambulance Cover 2. Health Insurance 4. Cycling Insurance: Proof Of Cycling Insurance Required to confirm ride
SUBURB / CITY	
POSTCODE	
MEDICAL INFORMATION	
MEDICARE NO	1
PRIVATE HEALTH FUND NAME AND NUMBER	2
AMBULANCE COVER	3
YES NO	4
MEMBER NUMBER	5
Please send registration Confirmation to:	Please sign, Date and write your name in Full if you agree to the terms and conditions
Danny: credles@optusnet.com.au	Name: _____
Wayne: nelsonconcepts@exemail.com.au	Signature: _____
FAX: 03 8786-9795	Date: _____