9th Annual Cassie Doyle Memorial
Ride for Life 2005
Sunday 19th June

Please complete the **ENTRY FORM** before **May 31st 2005** and return to
Cassie Doyle Memorial Ride For Life
P O Box 1263 Mudgeeraba 4213 QLD

Ph: 07 5564-6898 Fax: 07 5559-0770 Mob: 0405-537-233
Email: katlar11@yahoo.com.au

RIDER REGISTRATION FORM

Name…….
Address…….
Telephone……Mobile…….. Email……
Club (if applicable)……
Make & Model of Bike…….

Is your bike suitable for ☐ ***Elderly*** ☐ ***Disabled***

RIDE WILL GO AHEAD RAIN OR SHINE

Please tick confirmation for one or two of the following:

I AM REGISTERING MY BIKE TO TAKE A PAYING PILLION	☐ YES	**NO CHARGE FOR YOUR DAY.**
I AM REGISTERING MY BIKE BUT BRINGING MY OWN PILLION	☐ YES	$ 110.00 (INC GST) FOR PILLION FREE FOR RIDER
PARTNER WILL BE JOINING ME FOR LUNCH ONLY	☐ YES	$25.00 FOR PARTNERS LUNCH

If you are bringing your own Pillion (Must be 13 years and over to participate**) please have them read the waiver attached to this form and sign below to state they have read and understood the waiver and agree to the terms and conditions.**

(Please enclose payment for your own pillion or any extra lunch tickets)

Pillion Name:_____**Ph**:_____

Address:_____**D.O.B**_____

Signature:_____

TOTAL AMOUNT PAYABLE $……..
Cheque/Money order (**made payable to the Leukaemia Foundation**)
Please Debit my ☐ Visa ☐ MasterCard ☐ Bankcard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐☐☐

Name on Card……Card Holders
Signature…….Date…….

A SIGNED REGISTRATION FORM MUST BE RECEIVED FROM EVERY RIDER & PILLION