

CHILDREN'S HOSPITAL TRUST CHARITY TEAM
2017 Cape Town Cycle Tour

ENTRY FORM

Thank you for entering our cycle tour charity group - we look forward to having you as part of our 'winning' team!

To add you to our charity group we please need the following:

- * Proof of payment of entry fee (£43)
- * Contact information (*To be completed below*)

Banking Details:

Account: Children's Hospital Trust South Africa RC1121573

Account no: 6525 6860 / Sort code: 08-92-99 / **Ref: CT + Your name + surname**

ENTRY INFO

Tandem Tandem Partner: _____
 Single cyclist

PERSONAL INFORMATION

Surname:		Name:	
Preferred Name:		Gender:	
ID Type / Passport:		ID/Passport No:	
Nationality:		Birthdate:	

CONTACT INFORMATION

Mobile Number:		Alternative Number:	
Email Address:			

PHYSICAL ADDRESS

Address:			
Suburb:			
Province:			
Postal Code:			
Country:			

CYCLING GEAR

Each cyclist will receive a complimentary, branded cycle top as a gift to wear on the day of the race.

Please specify your details below:

Sex:	
Size Preference:	
Chest measurement:	

TERMS & CONDITIONS

I hereby agree to the following terms & conditions for entering the 2017 charity team:

- * Each cyclist commits to raising a minimum donation of £300 between now and 31 March 2017
- * Cyclists NOT able to participate or complete the Cycle Tour for whatever reason (injury, illness, work commitments, cancelled leave, etc.) will still be held liable for the minimum donation
- * Entries reserved must be paid on / **by 31 October 2016**. Failure to do so, will result in your entry being released to those cyclists on the waiting list

Signature: _____

Date: _____