

# 2011 KELLY COUNTRY CLASSIC

## ENTRY FORM

(PRINT CLEARLY)

First Name..... Surname.....

Phone No.....

Postal Address.....

Email Address (for entry confirmation) .....

Emergency Contact (person not on ride).....

Emergency Phone No.....

**Distance** - Tick One Only     50km     100km     150km     210km

**Membership** - Tick if appropriate. \$5 discount applies     Wangaratta BUGS / NHW Staff Member

**Special food requirements** -     Vegetarian     Celiac     Other.....

### Waiver and Conditions

I understand that participation in this bicycle ride involves riding on public roads used by other traffic and I am aware of the hazards involved in that and of riding bicycles in general.

I/my child has sufficient competence and experience to participate safely in such riding. I hereby release, exempt and indemnify the organiser, sponsors and other persons involved in staging this event from liability, whether in negligence or otherwise, which may arise in my/my child's participation in the event. I agree to abide by the rules of the ride and obey all traffic laws.

Entry fees are non-refundable.

Signed..... Date...../...../.....

or guardian (if under 18 years).....

### Jerseys

**\$60 each**     S     M     L     XL     XXL     XXXL

Total No. of Jerseys     x \$60 =    \$



### Payment Options

Cheques/money orders payable to Northeast Health Wangaratta

Credit Card Payment:     Visa     Mastercard

\$.....

Expiry...../.....    Name on Card:.....

Signature:.....

**Entries: Post:** Kelly Country Classic, PO Box 386, Wangaratta, Victoria 3676    **Fax:** (03) 5722 5109