



Whyalla Cycling Club

RACE ENTRY FORM

EVENT	Tour de Whyalla	SURNAME	_____
EVENT DATE	Saturday May 2 nd 2009	First Name	_____
EVENT DATE	Sunday May 3 rd 2009	Club	_____
Telephone	_____	Date of Birth	_____
Licence #	_____	ENTRY FEE	_____
Category	_____	Cash/Cheque	_____

(Men, Women, Masters, Junior U/19, U/17, U/15, U/13, U/11)

Tour Nomination fees: Junior- Licenced \$20; Seniors – Licenced \$20,

ENTRY CONDITIONS:

- 1 Entries will be accepted on this form only and must be received at the Whyalla Cycling Club PO Club PO Box 129 Whyalla 5600 by April 24th 2009
- 2 Entries will not be accepted unless accompanied by the prescribed entry fee.
- 3 Riders must personally present their current ACF licence to collect race number at least 15 minutes before the advertised start time.
- 4 Scratching from an event must be notified by 5:00pm on the previous day to the Club.
- 5 A \$ 5 administration fee is payable for late nominations.
- 6 PLEASE DO NOT SEND CASH WHEN SENDING NOMINATIONS THROUGH THE POST

THIS SECTION MUST BE COMPLETED BY THE RIDER CONCERNED WITH THIS NOMINATION

Results from last two events in competition, Track, Road, Criterium, MTB, Triathlon

Date	Race Promoter	Distance	Race Name	Who Won	My Handicap/Grade	My placing

Failure to complete this section will terminate discussion regarding handicap.

I hereby declare that the above results are true and correct

I hereby wish to nominate for the above event and I acknowledge that in making this nomination, I will compete at my own risk.

I also acknowledge that I will not hold the SACF, Whyalla Cycling Club or any of it's members, officials, sponsors liable for any costs or damages however so caused.

SIGNATURE _____

DATE SIGNED AND POSTED _____

Whyalla Cycling Club

(Nomination Receipt)

NAME _____

(print)

AMOUNT PAID _____

NAME OF EVENT _____

DATES _____

RECEIVED BY _____

(Cash -Cheque- Money Order)

Do you want your Receipt returned YES / NO
Please include a stamped addressed envelope