

Lanterne Rouge Tours



Booking and Registration Form

All guests to complete Form

Tour Depart Date:

Name:

Male Female

Rider Non-rider

Single With Partner Partner's Name:

Address:

.....

State:

Postcode:

Phone Number (Mobile preferred): (.....).....

Date of Birth.....

Email:

Cycling Club (if applicable):

Cycling Australia Licence Number (if applicable):

Special Dietary Requirements:

Allergies:

Emergency Contact details:

Name:

Relationship.....

Phone Number (Mobile preferred): (.....).....

Email: