



Booking and Registration Form for Groups

Tour Depart Date:

GUEST NAME and Email address	Gender M/F	Age Range eg.31-40, 41-50 etc..	Rider / Non- Rider	Single / With Partner	Cycling Aust. Member No. (if applicable)	Cycling Club (if applicable)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

●Primary Group Organiser Contact Details:

Name:

Email:

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



● **Mailing Address for Primary Group Organiser :**

Address:.....

.....

State:

Postcode:

● **Do any of your group’s members have any Special Dietary Requirements? :**

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● **Do any of your group’s members have any potentially life-threatening Allergies?**

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● **Do any of your group’s members require bicycle rental? (If so, how many?)**

(Specific needs will be discussed at a later date. Shoes and pedals may be rider’s responsibility)

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● **Emergency Contact details** (- a person not participating in tour event):

Name:

Relationship.....

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

Email: