NOMINATION FORM



I will be attending the GDTR "Ride for Madi".

NAME:				
ADDRESS:				
STATE: POST CODE:				
CONTACT NUMBER: (H)(M)				
I hereby give permission for my image to be used for club purposes only and/or to be published on our/or affiliated web sites.				
Signed: Date:				
EMERGENCY CONTACT NUMBERS: (1) (2)				
RIDING ATTENDEE: YES / NO NON-RIDING ATTENDEE: YES / NO				
VEGETARIAN MEAL REQUIRED: YES / NO				
CURRENT ATHRA CLUB & MEMBER NUMBER:				
AMOUNT ENCLOSED (if Applicable)				
For any further details you may require, please contact: Chris Kujus on 0407 316 711 or Linda bottom on 0422 057 097				

DIRECT DEBIT: OR POST TO:

A/C NAME: Madison Mason Alison Mason BSB: 063-545 P O Box 176

10326244 Broadford, Vic., 3658 ACCOUNT: REFERENCE: Your Surname