

Motorcycle SIDS Adventure Trek "Cairns to Cape York - return"



6th to 14th August 2010

Application Form

CONTACT DETAILS

FULL NAME: _____

DATE OF BIRTH: ___/___/_____

ADDRESS: _____

SUBURB/TOWN: _____

STATE: _____ P/C: _____

HOME: (_____) _____

WORK: (_____) _____

FAX: (_____) _____

MOBILE: _____

E-MAIL: _____

BIKE DETAILS

MAKE: _____ MODEL: _____

YEAR: _____ COLOUR: _____

SEATING CAP: _____ ENGINE CAP: _____

REGISTRATION NO: _____

MODIFICATIONS: _____

PREFERRED BIKE NUMBER: 1ST: _____

2ND: _____ 3RD: _____

LICENCE DETAILS (where applicable)

DRIVERS LICENCE NO: _____

LICENCE CLASS: _____

MA LICENCE NUMBER: _____

DECLARATION OF PLEDGE

I agree to donate the sum of \$2000 (minimum) for my bike to participate in this event. I agree to pay a catering cost which is yet to be confirmed. I agree to make the payments in the following manner:

\$350 Nomination fee with this application

\$350 On or before 1 May 2010

\$1300 On or before 1 June 2010

\$2000 Total

Catering cost to be confirmed.

Bike Transportation from Brisbane to Cairns return (if required - cost yet to be confirmed)

Please note: Donations are non-refundable & are tax deductible.

DATE: ___/___/_____

SIGNED: _____

PAYMENT DETAILS

I enclose a cheque/money order for the total sum of \$350

Made payable to:

SIDS and Kids Queensland
Attn: Trek Coordinator
PO Box 241
MOUNT GRAVATT QLD 4122

OR please debit my:

American Express

Visa

MasterCard

Cardholders Name: _____

Card No: _____

Expiry Date: ___/___

TOTAL AMOUNT: _____

Cardholders Signature: _____

Ken Godfrey
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