

Application Form

CONTACT DETAILS

FULL NAME: _____

DATE OF BIRTH: ___/___/_____

ADDRESS: _____

SUBURB/TOWN: _____

STATE: _____ P/C: _____

HOME: (____) _____

WORK: (____) _____

FAX: (____) _____

MOBILE: _____

E-MAIL: _____

VEHICLE DETAILS

MAKE: _____ MODEL: _____

YEAR: _____ COLOUR: _____

SEATING CAP: _____ ENGINE CAP: _____

REGISTRATION NO: _____

MODIFICATIONS: _____

PREFERRED VEHICLE NO: 1ST: _____

2ND: _____ 3RD: _____

DECLARATION OF PLEDGE

I agree to donate a minimum of \$2,000.00 for my vehicle to participate in this event.

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

DATE: ___/___/_____

SIGNED: _____

PAYMENT DETAILS

I enclose a cheque/money order for the total sum of \$500

Made payable to:

SIDS and Kids Queensland
C/- PO Box 3099
LOGANHOLME QLD 4129

OR please debit my:

American Express

Visa

MasterCard

Cardholders Name: _____

Card No: _____

Expiry Date: ___/___

TOTAL AMOUNT: _____

Cardholders Signature: _____