



CREW FORM

This form is to be completed by each person attending (including car captain) and returned to:

SIDS Adventure Treks
PO Box 241
MT GRAVATT QLD 4122

Please note: All cheques to be made payable to SIDS and Kids Queensland

PLEASE SELECT ONE OF THE FOLLOWING:

2WD [ ]

4WD [ ]

BIKE TREK [ ]

PLEASE PRINT IN BLOCK LETTERS

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

PREFERRED NAME|NICKNAME: \_\_\_\_\_ PREFERRED CAR NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ FAX HOME: \_\_\_\_\_

PHONE WORK: \_\_\_\_\_ FAX WORK: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

SHIRT SIZE (please circle): S M L XL 2XL 3XL 4XL 5XL

DRIVER'S LICENCE NUMBER: \_\_\_\_\_ DRIVER'S LICENCE EXPIRY: \_\_\_\_\_

DRIVER'S LICENCE STATE: \_\_\_\_\_ DRIVER'S LICENCE CLASS: \_\_\_\_\_

Please Note: A copy of your driver's license must be provided with this form.

MEDICAL INFORMATION - STRICTLY CONFIDENTIAL

DOB: \_\_\_/\_\_\_/\_\_\_ NEXT OF KIN: \_\_\_\_\_

NOK PHONE: \_\_\_\_\_ NOK ALT PHONE: \_\_\_\_\_

ALLERGIES|DIETARY REQUIREMENTS (I.E. VEGITARIAN): \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

CURRENT MEDICAL CONDITION|MEDICATION: \_\_\_\_\_