

KOSCIUSKO ALPINE CLUB LIMITED

PERSONAL DETAILS

Family Name Given Names

Postal Address

Town/Suburb State Postcode Date of Birth

Phone Nos. (Bus.) (Home) (Mobile)

Race Day contact number:.....

I wish to race for: Ski Club

Charlotte Pass Open Cross Country Race

ENTRY FEES – GST included. Fees are neither transferable nor refundable.
Circle amount paid.

Classical Cross Country – Men 5k	\$20
Classical Cross Country – Women 5k	\$20
TOTAL	

No children under 12.

ALL ENTRANTS MUST SIGN:

In consideration of this application being accepted, I, the signatory below, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Kosciusko Alpine Club, race officials, volunteers and sponsors arising from involvement with this event. I agree to abide by the rules of the race.

Signature, or Guardian’s Signature if entrant is under 18 years:

The Charlotte Pass Open Cross Country Race

Monday, 9th August, 2010 Charlotte Pass 11.00 a.m.

Payment (*Cheque - payable to KAC*) may be made by the following credit cards (please tick) or Direct Debit.

When using Direct Debit (or online) banking facility it is essential to provide your surname and “CP OPEN” in the description.

Account Name: Kosciusko Alpine Club Ltd. BSB: 062 001 A/C No. 0090 4940

MasterCard Visa

I hereby authorize payment of \$ To Kosciusko Alpine Club.

Credit Card No: Expiry Date:/.....

Name on card:Signature:.....

Forward to:
Kosciusko Alpine Club Ltd.
P.O. Box 1822,
CHATSWOOD. NSW. 2057