

# Registration Form

— (for multiple entries please photocopy this form)



**Where:** PRINCES PARK, Carlton  
**When:** Sunday 25th October 2009  
**Time:** Registration 9am, Walkathon 10am  
**Route:** 3km or 6km walk, or 6km run

Cost	PRE-REGISTRATION (By 14th OCTOBER)	REGISTER ON THE DAY
Individual	\$10.00	\$15.00
Family/Team (5 people)	\$25.00	\$30.00

## Contact details and merchandise

**TEAM NAME:** \_\_\_\_\_ **NO. IN TEAM:** \_\_\_\_\_ **Course Length** \_\_\_\_\_

**Team Member 1**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Team Member 2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Team Member 3**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Team Member 4**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Team Member 5**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Total TEAM orders**

CF Caps \$10 each



CF Apron \$15 each



## Collecting Donations (optional) - see inside brochure for details of prizes to be won

We **WILL** be collecting donations in support of Great Strides  
Please send us: **1** **2** **3** (please circle) receipt books of 30

We **WILL NOT** be collecting donations

## Payment

Registration Fee Total: \$ \_\_\_\_\_  
Merchandise Order Total: \$ \_\_\_\_\_ and/or  
I would like to make a tax-deductible donation: \$ \_\_\_\_\_  
**Total Payment Amount:** \$ \_\_\_\_\_

VISA  MasterCard  Cheque or money order (made payable to Cystic Fibrosis Victoria)  Cash  
Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_  
Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Declaration - please read carefully before signing

**I understand** that you, Cystic Fibrosis Victoria, promote Great Strides in order to raise money for the general charitable purposes of your organisation and specifically to assist people with Cystic Fibrosis.  
**I am entering** Great Strides to help raise money for Cystic Fibrosis in return for you accepting my and/or my child's entry fee.  
**I understand** that you, the individuals helping organise the event, do so purely on a voluntary basis and that I am not paying you to look after me or my child.  
**I agree** that I shall not bring any legal action against Cystic Fibrosis Victoria, or against any individuals helping to organise the event, for anything which happens to me or my child as a result of taking part in Great Strides.

### Signatures:

Team Member 1: \_\_\_\_\_  
Team Member 2: \_\_\_\_\_  
Team Member 3: \_\_\_\_\_  
Team Member 4: \_\_\_\_\_  
Team Member 5: \_\_\_\_\_

**and also on behalf of** (please list names of walkers under 18 years old): \_\_\_\_\_

Please return form to Cystic Fibrosis Victoria, 80 Dodds Street, Southbank, VIC 3006. Phone 03 96861811, fax to 03 96863437 or [tsnelling@cfv.org.au](mailto:tsnelling@cfv.org.au)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_