

4 Peaks Tour - Entry Form

Rider Details:

Name: _____

Address: _____

Mobile Ph: _____

Email: _____

Gender: _____ Date of Birth: _____

In case of emergency

Contact Name: _____ Phone: _____

Tour Details:

Date of Ride: _____

Dietary Requirments: _____ Dietary Allergies: _____

Accommodation is minimum twin share

Part of Group Booking: YES/NO

If yes name of group: _____ No in Group: _____

Terms & Conditions:

I _____ have read and agree to the Terms and Conditions of the ride.

Signature: _____ Date: _____

Deposit of \$200 required to confirm entry.

Credit Card Details: Name on Card _____ Card No: _____
Expiry Date: ____/____
CCV: _____ Signature: _____

Or Direct Deposit: Bank Account: Jerichael Pty Ltd
BSB: 633 000 Account: 1396 15447 Please put name as reference in deposit.

Entry form to be emailed to bookings@rockyvalley.com.au