

MOTHER'S DAY CLASSIC 2011

REGIONAL ENTRY FORM

EVENT TOWN _____ STATE _____ EVENT DISTANCE _____

☐ INDIVIDUAL ENTRY

FIRST NAME _____ LAST NAME _____

☐ F ☐ M DOB ____ / ____ / ____

DAYTIME PHONE NO. _____ MOBILE _____

ADDRESS _____ SUBURB _____ STATE _____ PCODE _____

EMAIL _____

SIGNATURE (Please read the participant's declaration and sign as a condition of entry. Parent/guardian to sign for child under 18) _____

☐ FAMILY ENTRY (Please note: To qualify as a family entry, children must be under 16 years of age)

FIRST NAME _____ LAST NAME _____

☐ F ☐ M DOB ____ / ____ / ____

DAYTIME PHONE NO. _____ MOBILE _____

ADDRESS _____ SUBURB _____ STATE _____ PCODE _____

EMAIL _____

FIRST NAME _____ LAST NAME _____

☐ F ☐ M DOB ____ / ____ / ____

FIRST NAME _____ LAST NAME _____

☐ F ☐ M DOB ____ / ____ / ____

FIRST NAME _____ LAST NAME _____

☐ F ☐ M DOB ____ / ____ / ____

SIGNATURE (Please read the participant's declaration and sign as a condition of entry. Parent/guardian to sign for child under 18) _____

Women in Super, the organisers, strive to ensure that they provide a duty of care to all participants and staff, with the wellbeing of individuals being the highest importance. In cases of extreme weather or other emergencies, the event organisers will make the decision to cancel the event. Notice of event cancellations will be made at least two hours prior to the scheduled start time. Notification of cancellation will be posted on the homepage of www.mothersdayclassic.org or by phoning (03) 8677 3847. Cancelled events will not be rescheduled. **No refunds will be given if the event is cancelled.**

ENTRY FEE: Entry Fees are non-refundable. Once payment is received, the Payment Details Form becomes a tax invoice. **FAMILY REGISTRATION:** Families can complete this form. To be eligible for a family entry, children must be under 16.

PARTICIPANT'S DECLARATION: You must read and sign this form as a condition of entry. For participants under 18, a parent or guardian must sign.

EMERGENCY CONTACT NAME: _____ **EMERGENCY PHONE NUMBER:** _____

PARTICIPANT'S DECLARATION

In signing this registration form I hereby declare that I am participating in this event entirely at my own risk. I acknowledge that all persons directly or indirectly involved in organising this event are not liable for any loss or damage suffered by me or others relating to my participation in the event (whether as a result of negligence or otherwise). I agree to indemnify the sponsors, Women in Super, the organisers, and all officials against any and all claims arising from my participation in the Mother's Day Classic walk or run. I agree to abide by the rules laid down by the organisers. **Use of image:** I consent to the event organisers and approved contractors using my name, image, likeness and also my performance in the event, at any time, to promote the event by any form of media.

PRIVACY STATEMENT

Women in Super understand the importance of protecting the privacy of individuals and comply with the relevant legislation to ensure the confidentiality of any personal information collected. Women in Super will retain the information on this form for the purpose of notifying you of future Mother's Day Classic events. Women in Super may share your contact details with our major sponsor, ME Bank, to enable them to contact you about products and services that may be of interest to you. ME Bank complies with the National Privacy Principles and the Privacy Act. A copy of ME Bank's Privacy Policy can be found at: www.mebank.com.au

If you do not want your contact details passed on to ME Bank, please tick here: ☐

This registration is for:

☐ Adult (\$15) ☐ Child (\$8) ☐ Student/HealthCare (\$8)

☐ Family 2 adults & up to 4 children (\$35) ☐ Family 1 adult & up to 4 children (\$22)

PAYMENT DETAILS

Walk entry – sub total \$ _____

Total \$ _____

cheque/money order for: \$ _____

☐ Make cheques/money orders payable to: **Mother's Day Classic.**

☐ Or debit my credit card (below)

CREDIT CARD: ☐ VISA ☐ MASTERCARD

CARD NUMBER _____

EXPIRY DATE ____ / ____

CARDHOLDERS NAME _____

AMOUNT \$ _____ CARDHOLDER'S SIGNATURE _____

CREDIT CARD TRANSACTIONS WILL APPEAR AS "WIS Mother's Day Classic"