

RACV Great Victorian Bike Ride 2018

Schools Expression of Interest form

My child/student (*name*) _____ is interested in participating in a school group on the RACV Great Victorian Bike Ride.

Preferred ride option (as outlined on greatvic.com.au; please tick):

☐ **Great Victorian Bike Ride – 9 days**
(Sat 24 Nov to Sun 2 Dec)

☐ **Great Victorian Bike ride – 5 days**
(Sat 24 Nov to Thurs 29 Nov)

☐ **Great Victorian Bike Ride – 3 days**
(Thurs 29 Nov to Sun 2 Dec)

Child/Student Details

First name: _____

Last name: _____

School name: _____

Date of Birth: _____

Medicare Number: _____

Any pre-existing medical conditions: _____

Regular Medications: _____

Meal Preference

☐ Standard

☐ Vegetarian

☐ Vegan

☐ Gluten-free standard

☐ Gluten-free vegetarian

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Parent/Guardian Contact Details (will also act as emergency contact)

Parent/Guardian first name: _____

Parent/Guardian last name: _____

Best Contact Number: _____

Contact email: _____

Street Address: _____

Suburb: _____

State: _____ Postcode: _____

Parent/Guardian Signature: _____

Date: _____