

COME AND TRY - APPLICATION FORM

SECTION A: PROGRAM DETAILS

Name of Program:															
Organiser:	<input type="checkbox"/>	Club	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Private Event Organiser	<input type="checkbox"/>	State/Territory AusCycling Office							
If you are a Private Event Organiser, is your event registered with AusCycling?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If no, please click here for more information					
Name of Organiser:															
Cycling Discipline:	<input type="checkbox"/>	BMX				<input type="checkbox"/>	CYCLO-CROSS				<input type="checkbox"/>	MTB			
	<input type="checkbox"/>	ROAD				<input type="checkbox"/>	TRACK				<input type="checkbox"/>	ADAPTIVE MTB			
	<input type="checkbox"/>	E-BIKE				<input type="checkbox"/>	CRITERIUM				<input type="checkbox"/>	PARA-CYCLING			
Type of Program:	<input type="checkbox"/>					Come and Try (Introduction to Riding a Bike)			<input type="checkbox"/>				Come and Try (Introduction to Racing a Bike)		
Demographic (select the ones that apply)	<input type="checkbox"/>	Kids	<input type="checkbox"/>	Teens	<input type="checkbox"/>	Adults	<input type="checkbox"/>	Active Senior							
Contact Person:									Mobile:						
Email:															
Event Description (minimum 50 words)															
# of Sessions:	Start Date:	Finish Date:	Start Time:	Finish Time:	Venue/Location:				State:						
Session 1															
Session 2															
Session 3															
Session 4															
Session 5															
Session 6															
Session 7															
Session 8															
Session 9															
Session 10															
Price for Adults:						Price for Kids:									
Maximum Participation Limit: (if applicable)						Expected number of participants:									
What equipment and gear do participants need to bring? (e.g., BYO bike, helmet, appropriate clothing, water bottle etc).															
Would you like the participant list sent to you prior to the event date of the program?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						

SECTION B: ACCREDITED COACH

Accredited Coach #1 Details:	Name:			
	Member No:		Coach Level:	
Accredited Coach #2 Details: <i>*for additional coach when applicable</i>	Name:			
	Member No:		Coach Level:	
Accredited Coach #3 Details: <i>*for additional coach when applicable</i>	Name:			
	Member No:		Coach Level:	

SECTION C: ACCREDITED OFFICIAL/COMMISSAIRE

Accredited Official #1 Details:	Name:			
	Member No:		Official Level:	
Accredited Official #2 Details: <i>*for additional official when applicable</i>	Name:			
	Member No:		Official Level:	
Accredited Official #3 Details: <i>*for additional official when applicable</i>	Name:			
	Member No:		Official Level:	

SECTION D: IMAGES/DOCUMENTS

Please provide good quality images (acceptable formats include .PNG, .GIF, .JPG and .JPEG) as this will make your event/program more successful on the Marketplace including a Club logo and any relevant documents that need to be uploaded on the advert. Please send your images and documents as attachments along with this application form.

SECTION E: PARTICIPANT DATA

For any on the day entries (manual registrations) please ensure you submit the participant's data including full name, DOB, gender, email address and phone number to: clubs@ridenation.com.au within 5 days post the session/program as we require this information for insurance purposes.

DECLARATION

STATE/TERRITORY PARTICIPATION LEAD	Name:			
	Position:			
	Signature:		Date:	

RIDE NATION	Name:			
	Position:			
	Signature:		Date:	