

Prince of Wales Foundation Cup



Supporting the Oncology Department, Prince of Wales Hospital

Entry Form

Send Entry Form with cheques or credit card information to:

Phill Bates AM,
Ride for Life
124 Forest Road,
Hurstville NSW 2220

ph: 02 9570 5556
fax: 02 9570 4402
email: pbates@cycleclassic.com.au

Organisation: _____ Contact: _____

Address: _____

_____ Postcode: _____

Telephone (daytime): _____ Fax: _____

Mobile telephone: _____ email: _____

Competitors Name: _____

Competitors Name: _____

Competitors Name: _____

Competitors Name: _____ Registered Colour of Race Shirt: _____

\$120.00 per team

Make cheque payable to the Prince of Wales Hospital Foundation

Pay by Credit Card:



Card Number: _____

Expiry Date: ____/____

Receipts will be provided by the Prince of Wales Hospital Foundation