



## PORT TO PORT '09 RIDER REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (BH) \_\_\_\_\_ (AH) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Departure Time (check/tick preferred option):  1pm  5pm

Preferred Payment Method (check/tick preferred option):

Cheque  Cash  Credit Card (see below)

My cheque for \$300.00 payable to EchUCA Regional Health is enclosed, or please charge my (please check/tick):

MasterCard  BankCard  Visa  Amex  Diners

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signed Date

\*\*Please Note: All entries must be received and payment in full by Friday 21<sup>st</sup> October.  
For more information, contact Jane Reid on 03 5485 5046 or Email [jreid@erh.org.au](mailto:jreid@erh.org.au) \*\*

Payment may be posted or delivered to:  
EchUCA Regional Health  
Fundraising Officer  
17 Francis Street  
EchUCA VIC 3564