



GREAT VIC BIKE RIDE

2019 Great Vic Bike Ride – Schools Expression of Interest

My child/student (*name*) _____
is interested in joining the school group for the greatest Great Vic ever!

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

10 Day Ride Option: Fri 22 Nov to Sun 1 Dec
Robe, SA to Torquay, VIC

5 Day Ride Option: Fri 22 Nov to Wed 27 Nov
Robe, SA to Port Fairy, VIC

5 Day Ride Option: Wed 27 Nov to Sun 1 Dec
Port Fairy, VIC to Torquay, VIC

Student Details

First name: _____

Last name: _____

Date of Birth: _____

Any pre-existing medical conditions: _____

Regular Medications: _____

Meal Preference

Standard

Vegetarian

Vegan

Gluten-free standard

Gluten-free vegetarian



GREAT VIC BIKE RIDE

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

Parent/Guardian first name: _____

Parent/Guardian last name: _____

Mobile Number: _____

Contact email: _____

Street Address: _____

Suburb: _____

State: _____ Postcode: _____

Parent/Guardian Signature: _____

Date: _____