



Cancer Care Western NSW Inc.
 ABN 88 995 371 685 ACN 202 79
 P.O. BOX 2800 ORANGE NSW 2800

www.ccwest.org.au
 phone: 6391 2300 BH. Email: The Manager@ccwest.org.au

CRUISIN – ALONG REGISTRATION FORM.
FORM MUST BE COMPLETED IN FULL.

Enquiries for the drive : Terry Davis 63620966 jdmotors@bigpond.net.au

Vehicle details:

Make.....Model.....Year.....Registration.....
 Body Type.....

Driver and passenger details (MUST BE COMPLETED IN FULL BY ALL PARTICIPANTS).

Name.....Signature.....
 Address.....Town.....PC.....
 Home or Bus phone: Mobile.....Email.....

Name.....Signature.....
 Address.....Town.....PC.....
 Home or Bus phone:.....Mobile.....Email.....

Name.....Signature.....
 Address.....Town.....PC.....
 Home or Bus phone:..... Mobile.....Email.....

Name.....Signature.....
 Address.....Town.....PC.....
 Home or Bus phone.....Mobile.....Email.....

Entrants Declaration

By signing this entry form I/ We acknowledge and agree that as a condition of entry that neither Cancer Care Western NSW Inc. Or the organisers of this event or their respective servants, officials, representatives or agents shall be under any liability whatsoever for my /our own death or bodily injury, loss or damage which may be sustained or incurred by me/us as a result of my/our participation in canvassing or participating in the event. However if such death, bodily injury, loss or damage is caused by negligence or otherwise. I/ we undertake to comply with the reasonable direction of the organisers throughout the event.

Office use: Date received.....Signature.....
 Date Registration fee paid.....Signature.....Rec No:.....
 Method of payment : cash () Cheque () M.C () Visa () Direct deposit date..... ()

All cheques must be made payable to: Cancer Care Western NSW.
 details : Westpac Bank Orange BSB 032 833 Account 447727 Cancer Care Western NSW Inc.
All direct bank deposits must be accompanied by full details on forms.
Multiple receipts will not be issued or any receipting issues without complete details supplied.