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Registration Form

4 WHEEL DRIVE

12 - 14 September 2008



Your Details

Name (please print): _____

Address: _____

Postcode:

Email address: _____

Home Ph: _____ Mobile: _____

Bus Ph: _____ Fax: _____

Passenger 1: _____ Adult/Child/Under 5 Passenger 2: _____ Adult/Child/Under 5

Passenger 3: _____ Adult/Child/Under 5 Passenger 4: _____ Adult/Child/Under 5

The Vehicle Details

Rego: _____ Make: _____ Model: _____ Year: _____

Fuel type: _____ Any special conditions: _____

The Conditions and Costs

I have read the 'Conditions of Entry' (see www.careflight.org). I understand that acceptance of entries in CareFlight Ventures is at the discretion of CareFlight and receipt of this form does not guarantee a place on the Event. I understand that I will not be considered an entrant until the full entry donation is submitted. I also understand that I and any passengers under my control enter entirely at our own risk and that we will each sign an Indemnity Form prior to participating in the CareFlight Venture. All payments are due seven days prior to the start of the Event.

Signed: _____ Date: _____

This Venture Entry Donation is \$250 per adult, \$150 per child (5-15yrs of age).
Includes 2 nights accomodation, 2 dinners, 2 continental breakfasts, caves tour and road manual
Payment can be made by cheque or credit card.
Cheques should be made payable to CareFlight or fill in your Credit Card details below.

Credit Card Details

Visa MasterCard Expiry Date: / Amount: \$ _____

Card Number:

Name on Card: _____ Signature: _____ 08VMC