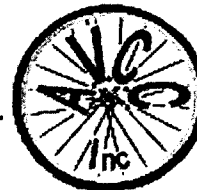


Australian Veteran Cycling Council Inc.



A0020300R ARBN 084 246 695 ABN 96 724 615 505

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59 Wolseley Grove
Geelong North, Vic.3215
Tel. (03) 52787473

Secretary/Treasurer, Mel Davies OAM
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Affiliated to the International Cycling Federation
<http://www.ausvetcycling.com/>

Club Secretaries: Return this form to your State Secretary immediately following the trial ride.

TRIAL MEMBERSHIP APPLICATION FORM

(Restricted to riders who have never held an AVCC licence or who have previously participated in an AVCC trial ride)

Insurance cover and other details for riders taking the trial ride:

- Insurance cover for the rider commences 30 minutes prior to race time and ceases 15 minutes after finishing the race. This is to allow for appropriate warm up and cooling time.
- Insurance cover only applies at the venue of the race involved. That is, does not cover travel from or to the rider's home or other destination.
- The maximum number of rides allowed under the 'trial rides' provision is one but it will be at the discretion of each state body to determine whether they wish to provide a 'trial ride'.
- A trial ride is only permissible in a club event and no prize-money or trophies shall be awarded to the trial rider. A trial ride shall not be permitted in an Open Race or Championship event.

Rider's details:

Surname _____ First Name _____

Address _____

Post Code _____

E.Mail: _____

Tel. No. (Hm) _____ (Wk) _____ (Mob.) _____

In Case of Emergency: Contact Name _____ Ph _____

Date of Birth _____ Name of club where ride taken: _____

I agree to allow officers of the AVCC and affiliates to contact me on cycling business by e.mail or telephone. Please tick:(YES) (NO)

I agree to abide by the rules and regulations of the Australian Veteran Cycling Council

SIGNATURE: _____ Date of Trial Ride: _____

Club Officials note: This is the only form to be used for trial rides.