



ENTRY APPLICATION – 2012 JUST4KIDS MOTOR TRAIL

Website: www.just4kidsmotortrail.com.au
Fax: 0747 591 459. Phone: 0427 991 900

NAME
ADDRESS
CITY STATE P/CODE
Phone: (H) (B) (M) (FAX)
Email:

VEHICLE INFORMATION :

Make Model Year
A. Campervan B. Camper trailer C. Trailer. D. Hire 4x4.
Registration No.: Preferred Entry No. No. of people in vehicle:

Team/Theme Name:

Declaration:

I, the undersigned, wish to make application for a team entry in the 2012 Just4Kids Motor Trail. I understand that the acceptance of this application is at the discretion of the Management Committee of the Just4Kids Motor Trail and that those persons entered, as a team, do so entirely at their own risk.

Furthermore I pledge that as part of this application, a donation (Tax Deductible) of five hundred dollars (\$500) will be made for each team member (including myself) in my vehicle and such donation shall be paid before end June 2012 to be claimable for YE 2011/12

Just4Kids Directors wish it to be known that circumstances beyond their control may occur from time to time. The Event Motor Trail Director may advise a change to the pre advertised Event description, planned route and/or cost being for any reason as in road conditions, accommodation, tours and other arrangements that may have been put in place or advertised or promoted as being a Just4Kids incentive, or a supplier of any product or activity.

Dated: Signed:

Note: All cheques should be made payable to "Just4Kids Motor Trail."
Payments may also be made by credit card: Visa and master card only.
We can arrange a payment plan using periodic deductions. To select this option tick here
A receipt will be issued for all payments received.

Card Details

Name on Card Type: Visa MasterCard
Card No. Expiry:

Amount to be charged \$ being payment for

Signature:

Please send to: The Secretary, Just4Kids Children's Charity Motor Trail, PO Box 6669 GCMC 9726
E: admin@just4kids.org.au