

Tour du Canada Registration Application



MAIL
166 Albert Street West
Box 310
Alliston, ON
L9R 1V6

VOICE
705-434-1100
800-214-7798

FAX
705-434-1101
888-814-2982

WEB
www.
TourduCanada.com

E-MAIL
sweep@
TourduCanada.com

Participants in Tour du Canada, the cross-country ride, must be Members of Tour du Canada, the club. This application is the next step in registering for the ride. Upon receipt of this application, we will send you the following forms, which must be completed and returned with a \$600 deposit:

- A Personal Background and Emergency Contact form;
- A Declaration form on sponsorship, medical condition, maps and publicity;
- A Waiver and Release of Liability Agreement.
- An explanatory memo on reasons why we collect the information on these forms.

All information that you provide to us is confidential in accordance with our privacy policy.

Deposit Amounts: A registration application is to be accompanied by a \$100 registration fee. The registration fee is not refundable and not transferrable. When returning completed forms listed above, they must be accompanied by an additional deposit amount of \$600. Fees are in Canadian funds. Contact us for special arrangements for payments in other currencies.

Registration Application for Tour du Canada (Year): _____

Name: _____ Membership #: _____

Street Address: _____

City: _____ Prov./State: _____ Postal Code: _____

E-mail: _____ Country: _____

Telephone: _____ Age: _____ Male Female

In the background form referred to above, you will be asked to advise us of any medical conditions or dietary issues that may affect your participation in Tour du Canada. In submitting a registration application, are there any medical or dietary matters that you wish to discuss in advance?

Y N If Yes, please give details here or contact us before submitting this application:

With this registration application, I enclose a registration fee of \$100 in Canadian funds.

Payment is by Cheque / Money Order payable to Tour du Canada

Or, charge \$100 to my Visa MasterCard

Please complete this section if paying by credit card (the \$100 amount will be in Canadian funds):

Cardholder: _____ Card #: _____ Exp. Date: _____

3-Digit Security Code: _____ Signature: _____ Date Signed: _____

In making this application, I confirm that the statements of policies of Tour du Canada and of Cycle Canada, The Veloforce Corporation were received by me as part of my Tour du Canada Membership package. I certify that I have read those policy statements, fully understand their terms and will comply with those policies where they apply to my participation in Tour du Canada:

Signature: _____ Date: _____

Applicants of minority age (under 18) must provide written consent of a parent or guardian.