

Tour du Canada: Vets Registration Application



Vets are welcome to participate in a segment of Tour du Canada under certain conditions. Naturally, they must be a member in good standing and agree to abide by the rules that apply to the trip. They will be assigned to a galley crew and will become a participating member of the group. This application applies to segments of two days or more and special arrangements must be made for a single-day segment. Fees will be a pro rata amount based on the prevailing fee structure. The following forms must be completed and returned:

- An Emergency Contact form;
- A Declaration form on sponsorship, medical condition and publicity;
- A Waiver and Release of Liability Agreement;

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

MAIL
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

Dates or point-to-point locations: _____

Name: _____ Membership #: _____

Street Address: _____

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

E-mail: _____ Country: _____

Telephone: _____ Age: _____ Male Female

Are you a vegetarian: Y N If Yes, please give details (e.g., dairy, eggs, fish, vegan): _____

Do you have any allergies (food or drug) that we should know about: Y N If Yes, please give details: _____

Do you have a medical condition that we should know about: Y N If Yes, please give details: _____

A Vet registration application for a TDC segment is to be accompanied by a deposit of \$100 in Canadian funds. Deposits will not be processed until we receive completed forms listed above.

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 deposit 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.