

# ciclismo cycling participant form

Surname: .....

Given Names:.....

Address:.....

State:..... postcode:.....

Date of Birth:.....

Telephone contact no: (M)..... Other:.....

E-mail address.....

Emergency contact person:.....Phone no:.....

Do you suffer from any illness that could impact your cycling please note this will be kept strictly confidential ,

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Do you have any allergies that we should know about?

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Where did you hear about ciclismo cycle training?

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Thank you for taking the time filling in this important form. We at ciclismo hope you enjoy your riding & healthier life style.

Safe riding

Daniele Vanolini  
[www.ciclismo.com.au](http://www.ciclismo.com.au)