

NAME OF PARTICIPANT	MOBILE OR HOME PHONE NUMBER	EMERGENCY CONTACT NAME	EMERGENCY CONTACT TELEPHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

RIDE NAME: \_\_\_\_\_ LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_ PAGE: \_\_\_\_\_

Please pass hard copy of this form to the Secretary or forward to sec@mannbug.org.au.