Cyclothon Sponsorship Form and Registration

Name of Rider:…….. Age (if under 18):……..

Address:…….Tel:……..

Name of Sponsor	Telephone	$ per lap	Max Laps	Actual completed	Total	Paid

Please return to P O Box 202, at the Start Line or in the Drop Box in the Post Office.
All enquiries to 0439 965 354 please