

iiNet Team Sprint Cup

3pm, Sunday February 20th 2011

Battle of the Codes Entry Form

TEAM DETAILS Please complete all fields

TEAM NAME: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE: () _____

TEAM OVERVIEW _____

RECENT SUCCESS: _____

Raising funds for



Naming Sponsor



TEAM DETAILS Please complete all fields

TEAM MEMBERS:

1. (Captain) _____ 2. _____

3. _____ 4. _____

COMMENTS ON TEAM MEMBERS: _____

WARNING - Only well prepared and medically fit competitors should take part in this event

WAIVER/DECLARATION OF RELEASE FROM INDEMNITY

We (team) hereby exonerate Autism West Support Inc. and all its organisers, volunteers, sponsors of the iiNet Team Sprint Cup 2011 and any persons involved in any way with the organisation of this event, in respect of all and every claim resulting from any accident, injury or illness which We (being team) may sustain during my participation in the iiNet Team Sprint Cup 2011.

Signed by participant/team captain:

X _____ Date: _____

Corporate Challenge Sponsor



Partner Sponsors



Primary School Challenge Sponsor



CORPORATE DETAILS Please complete all fields

TEAM NAME: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE: () _____

TEAM OVERVIEW _____

Raising funds for



Naming Sponsor



TEAM DETAILS Please complete all fields

TEAM MEMBERS:

1. (Captain) _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

COMMENTS ON TEAM MEMBERS: _____

WARNING - Only well prepared and medically fit competitors should take part in this event

PAYMENT

Corporate Challenge Entry Fee	\$ 210
Autism West Support Inc. Donation	\$1,390
Total Amount Payable	\$1,600

Please pay via Cheque/Money Order payable to Autism West Support Inc. or VISA/Mastercard payment

Cardholder Name: _____

Card Number: _____

Expiry Date: ____/____/____ Card Type: Amount: \$ 1,600

Signature: x _____

WAIVER/DECLARATION OF RELEASE FROM INDEMNITY

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Signed by participant/team captain:

X _____ Date: _____

Corporate Challenge Sponsor



Partner Sponsors



Primary School Challenge Sponsor



iiNet Team Sprint Cup

3pm, Sunday February 20th 2011

Team Entry Form

CONTACT DETAILS Please complete all fields

CONTACT PERSON: _____

PHONE: () _____

EMAIL: _____

Raising funds for



EVENT

Open Men's Challenge (\$210)

Open Women's Challenge (\$210)

Over 180 Years Challenge (\$210)

Over 270 Years Challenge (\$210)

NB: There are separate Lavan Legal Corporate Challenge and Primary School Challenge entry forms.

Naming Sponsor



TEAM DETAILS Please complete all fields

TEAM NAME: _____

TEAM MEMBERS:

1. (Captain) _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

COMMENTS ON TEAM MEMBERS: _____

WARNING - Only well prepared and medically fit competitors should take part in this event

PAYMENT

Team Entry Fee \$210
Total Amount Payable \$210

Please pay via Cheque/Money Order payable to Autism West Support Inc. or VISA/Mastercard payment

Cardholder Name: _____

Card Number: ____/____/____/____

Expiry Date: ____/____ Card Type: VISA MasterCard

Amount: \$ 210

Signature: x _____

WAIVER/DECLARATION OF RELEASE FROM INDEMNITY

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X _____ Date: _____

Corporate Challenge Sponsor



Partner Sponsors



Primary School Challenge Sponsor





iiNet Team Sprint Cup

3pm, Sunday February 20th 2011

Sports Fever Primary School Challenge Entry Form

PRIMARY SCHOOL DETAILS

Please complete all fields

TEAM NAME: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE: () _____

TEAM OVERVIEW

Raising funds for



Naming Sponsor



TEAM DETAILS

Please complete all fields

TEAM MEMBERS:

- | | |
|--------------------|----------|
| 1. (Captain) _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

COMMENTS ON TEAM MEMBERS: _____

WARNING - Only well prepared and medically fit competitors should take part in this event

WAIVER/DECLARATION OF RELEASE FROM INDEMNITY

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Signed by participant/team captain:

X _____ Date: _____

Corporate Challenge Sponsor



Partner Sponsors



Primary School Challenge Sponsor



iiNet Team Sprint Cup

3pm, Sunday February 20th 2011

Team Entry Form

CONTACT DETAILS Please complete all fields

CONTACT PERSON: _____

ADDRESS: _____

P/C _____ PHONE: () _____

EMAIL: _____

Raising funds for



Naming Sponsor



EVENT

- Corporate Challenge Please complete the corporate challenge entry form
- Open Men's Challenge (\$210) Open Women's Challenge (\$210)
- Over 180 Years Challenge (\$210) Over 270 Years Challenge (\$210)

TEAM DETAILS

TEAM NAME: _____

TEAM MEMBERS: (Please complete all fields)

1. (Captain) _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

COMMENTS ON TEAM MEMBERS: _____

WARNING - Only well prepared and medically fit competitors should take part in this event

PAYMENT

- Cheque/Money Order for the sum of \$210 made out to Autism West Support Inc.
- VISA/Mastercard payment for the sum of \$210

Name on Card: _____ Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____ Card Type: _____ Amount: \$ _____

Signature: x _____

WAIVER/DECLARATION OF RELEASE FROM INDEMNITY

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Signed by participant/team captain:

X _____ Date: _____

Corporate Challenge Sponsor



Partner Sponsors



Primary School Challenge Sponsor

