

pride march ADELAIDE 2009

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MOTORCYCLIST REGISTRATION FORM – please return by Monday 5th October

Contact details of motorcyclist:

Name:

Address:

Suburb: Postcode:

Phone: Mobile:

Email:

License Number:

Motorcycle details:

Make of motorcycle:

Registration Number:

Contact details of passenger (if applicable):

Name:

Address:

Suburb: Postcode:

Phone: Mobile:

As a registered participant of Pride March 2009 I agree to abide by the terms and conditions as stated in the Pride March 2009 Information for Participants in Motorcycle Contingent.

Motorcyclist's Name:

Signature: Date:

Passenger's Name:

Signature: Date:

Please post to Pride March Adelaide, PO Box 128, Mylor SA 5153 by Monday 5th October.