

RIDER APPLICATION FORM

COGS4CANCER 2024 LIVORNO TO ANTIBES
17TH TO 20TH OCTOBER



COGS4CANCER ASSOCIATION NUMBER : W061013609

Rider's Full Name

Date of Birth

Cycling Level

Novice

Medium

Expert

Rider's experience (eg. previous races) _____

Preferred Option :

Full 4 day ride (475km)

Day rider

If day rider, date preference :

17/10

18/10

19/10

20/10

Do you have insurance? :

Yes

No

If yes, details : (insurance is obligatory for the rider)

Do you have a sponsor? :

Yes

No

If yes, details :

Please note the sponsorship packages are as follows, which each rider must obtain in order to participate:

- Sponsor a rider for the full 4 days = 5,000 euros
- Sponsor a rider for 1 day = 1,000 euros

*The above will go directly to the charity. The cost for rider expenses are €2000 for the full ride & €250 for a day rider.

Rider's address :

Email :

Telephone :

Return your completed form along with an up to date medical certificate and a copy of your insurance, by 1st September 2024 to :

Email: info@cogs4cancer.org

Signature

Signature of Rider

THANK YOU YOUR PARTICIPATION IS VERY MUCH APPRECIATED