

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 that we encourage each rider to raise as much money for the charity as possible.

We would also ask that each rider uses their contacts within the industry to obtain sponsors for our corporate opportunities.

All sponsorship will go directly to the charity.

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