

AUSTRALIAN VETERAN CYCLING COUNCIL Inc.

A0020300R ARB 084 246 695 ABN 96 724 615 505

Referees application under the rules of the Australian Veteran Cycling Council Inc.

NOTE: *(This form must be completed in full or a certificate will not be issued)*

(PLEASE PRINT)

NAME:
Surname *Given Names*

POSTAL ADDRESS: **P/CODE**

RESIDENTIAL ADDRESS: **P/CODE**

DATE OF BIRTH: **PHONE:** (H) (W/Mob)

EMAIL:

Club of Membership:

Name and position of recommending official:

TYPE OF REFEREE CERTIFICATE REQUIRED: *(Please tick)*

CLUB **STATE** **NATIONAL**

Signature.....Date.....

IMPORTANT

Ensure you attach signed duty of care form, passport photo, and letter of recommendation from club official.

Please return to:

Tom Finning AVCC Referee Officer, 59 Wolseley Grove, Geelong North, Vic. 3215. Mob. 0418 521 420.