

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.

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, photo, and letter of recommendation from club official.