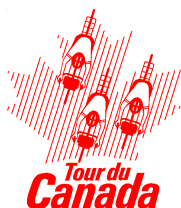


## Tour du Canada



MAIL  
166 Albert Street West  
Box 310  
Alliston, ON  
L9R 1V6

VOICE  
705-434-1100  
800-214-7798

FAX  
705-434-1101  
888-814-2982

WEB  
www.  
TourduCanada.com

E-MAIL  
sweep@  
TourduCanada.com

Participants in Tour du Canada, the cross-country ride, must be Members of Tour du Canada, the club. This application is the next step in registering for the ride. Upon receipt of this application, we will send you:

- An Emergency Contact form and a survey about your background;
- A Declaration form on sponsorship, medical condition, maps and publicity;
- A Waiver and Release of Liability Agreement.
- An explanatory memo on reasons why we collect the information on these forms.

All information that you provide to us is confidential in accordance with our privacy policy.

### Registration Application for Tour du Canada (Year): \_\_\_\_\_

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Are you a vegetarian: Y  N  If Yes, please give details (e.g., dairy, eggs, fish, vegan): \_\_\_\_\_

Do you have any allergies (food or drug) that we should know about: Y  N  If Yes, please give details: \_\_\_\_\_

Do you have a medical condition that we should know about: Y  N  If Yes, please give details: \_\_\_\_\_

A registration application for Tour du Canada is to be accompanied by a deposit of \$600 in Canadian funds. Special arrangements may be made for payments in other currencies. Deposits will not be processed until we receive forms listed above and an application is accepted.

Payment is by Cheque / Money Order payable to Tour du Canada   
Or, charge \$600 to my Visa  MasterCard

Please complete this section if paying by credit card (the \$600 amount will be in Canadian funds):

Cardholder Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

In making this application, I confirm that the statements of policies of Tour du Canada and of Cycle Canada, The Veloforce Corporation were received by me as part of my Tour du Canada Membership package. I certify that I have read those policy statements, fully understand their terms and will comply with those policies where they apply to my participation in Tour du Canada:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants of minority age (under 18) must provide written consent of a parent or guardian.