



Tour of the Roses 2023

Registration Form

Registration for this event now open.

Please complete and return this form as soon as possible in order to apply for your place on "The Tour of the Roses 2023", otherwise known as "The Tour".

Please read the Terms and Conditions of this event, complete all the fields on this form, and return this form electronically to:

Your Details

Title (Mr/Mrs/Ms)

First Name

Family or Surname

Date of Birth (DD/MM/YYYY)

Address

Postcode

Mobile Phone Number

E-mail Address

Nationality

Passport number*

Passport expiration date*

Cycling Experience

Cycling jersey size (if known)

Limited / Moderate / Good / Very Good

*This information is required for ticketing. Your passport must be valid for at least 6 months from The Tour date (i.e. until end of March 2024).



Medical & Dietary

- 1) If you have any medical conditions that place you at risk whilst participating in this event please give FULL details here:

- 2) It is a condition of participating in the Tour that in cases of emergency, the Tour Committee or their delegate has your authority to arrange any necessary medical treatment and/or to sign any required form of consent on your behalf. Please sign in the box below to acknowledge this fact and grant your permission for this in the circumstances described.

Medical Declaration

- 3) I understand that The Tour will involve strenuous physical activity. Before departure, if I have any concerns regarding my physical fitness or health, I will consult my GP immediately. To the best of my knowledge I am currently fit and have no medical conditions to preclude me from this event not previously outlined in this document. I accept that the Tour Committee will provide a good level of medical support on route and that insurance will be in place of a general nature. I confirm that if I need any additional level of insurance I will put it into effect at my own expense. I confirm that I am participating entirely of my own freewill and at my own risk and, in the event of injury or in the event of my death whilst participating in this event, neither I nor my next of kin nor any other person will have any financial claim in damages against the Smile for Georgie Foundation, or their representatives.

Signature.....Date



- 4) If you have any special dietary requirements, e.g. Vegetarian, celiac, lactose-intolerant, etc. please give FULL details here:

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Next of Kin

Title (Mr/Mrs/Ms)

First Name

Surname

Address

Postcode

Phone Number Landline

Phone Number Mobile

E-mail address

Acceptance

I hereby confirm that the information provided is fully accurate and I accept the Terms and Conditions set out herein.

Signature.....Date



Next Steps

Submit this Registration Form to TouroftheRoses@gmail.com and confirm you have read the Terms and Conditions for participation in the event. The registration period will conclude when all places have been filled on The Tour. When the Tour Committee has approved your Application, based on the details you have provided here, you should immediately create your personalised www.justgiving.com page. Instructions for doing this will be sent to the e-mail address given above. This will enable you to record the non-refundable deposit of £400 deposit against your name, which is required in order to take part in The Tour. You will not be an official participant in The Tour until the deposit is paid and your standing order has been setup for the payment of the remaining balance.