

THE BIG RIDE 4 PARKINSON'S 4-5 MAY 2013 | SYDNEY TO PARKES, NSW
SPONSORSHIP/FUNDRAISING FORM



Please print clearly. This form may be photocopied if you require more space. We accept Visa, Mastercard and Amex.

PARTICIPANT'S FIRST NAME		SURNAME	
SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPONSOR'S NAME		ADDRESS	
SURNAME		POSTCODE	
EMAIL		PHONE	
AMOUNT	CREDIT CARD NO. <input type="text"/>	EXP. DATE	/
CHEQUE NO.	SIGNATURE	RECEIPT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please return your form and payments by 30 May 2013 to Fax on (02) 8875 8999 or Post to PNSW The Big Ride 4 Parkinson's, PO Box 71, NORTH RYDE BC NSW 1670 or scan and Email: karina@parkinsonsnsw.org.au

JOIN US TO PROVIDE "HELP FOR TODAY AND HOPE FOR TOMORROW". WE LOOK FORWARD TO RIDING WITH YOU.