

2020 ON THE ROAD AGAIN TOUR

17th - 24th OCTOBER

TOURIST ENTRY FORM

Title: _____ Name: _____
Address: _____ P/code: _____
Email: _____ Mobile: _____ Work: _____
DOB (Optional) _____ Badge (Nick) Name: _____
Vehicle Entry No: _____ Theme: _____
Vehicle Make/Model/Year: _____
Rego No: _____ Driver's Licence No: _____
Shirt Size _____
Special food requirements: (vegetarian/diabetic/other) _____

Declaration: I hereby declare that the vehicle specified above has in no way been performance modified. I understand that performance modifications will automatically result in exclusion from the event.

EVENT FEES & DONATION

Entry Fee	*\$100 (no gst) <u>per vehicle</u>	paid with entry form
Food, Entertainment, etc Levy	\$1,000 (no gst) <u>per person</u>	\$500 By 30 th June
		Balance 4 weeks before event
Minimum donation	\$1,500 <u>per vehicle</u>	2 weeks before event

All the above amounts payable to **On The Road Again Tours Inc.** (ABN 38297972120)
Mailing address - 16 Abrolhos Quays Wannanup WA 6210

I wish to pay my event fees via: ☐ Cheque ☐ Cash ☐ EFT (BSB 036-062 ACC 591314)

NOTE: Donations to be deposited into the OTRA Tours Inc Trust (BSB 036-062 ACC 591306)

Tax deductible receipts will be issued for all donations and sponsorship

**** All entrants must be a current member of OTRA Tours Inc. Entry Fee is non-refundable unless entry is refused. Confirmed acceptance of entry is at the sole discretion of the organising committee.**

The Conditions of Entry for the 2020 On The Road Again Tour will be sent to you once your entry fee is paid and you must agree to adhere to them at all times during the event. If you in any way deliberately breach the Conditions of Entry as defined, you may be asked to leave the event, which may also result in not being invited to participate in future events.

I/we give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising, promotion or other account of this event, including advertising and promotions for future OTRA events, by OTRA or the RFDS.

Signature: _____ Date: _____

Proceeds to the Royal Flying Doctor Service in WA

W.A.CHARITABLE COLLECTIONS LICENCE NUMBER CC21182

OFFICE USE ONLY: Entered: _____

Receipt no: _____