



Wheelie Big Challenge Registration Form

To: The Centre for Cerebral Palsy, PO Box 61, MOUNT LAWLEY 6929

Contact name: _____

Business name and department: _____

Team name: _____

Name of CP Champion: _____

Mailing Address: _____

Phone number: _____ Email: _____

I would love to register in the Wheelie Big Challenge and enclose my payment.

- I am a person with CP (Free registration)
- Individual (\$10)/Family (\$20)
- Organisation/business (\$10 per person or \$50 per team)
- School (\$2 per person or \$50 per school)
- Club (\$10 or \$5 concession)

My cheque/money order is enclosed and made payable to The Centre for Cerebral Palsy

OR, please debit my credit card as detailed below \$_____

Mastercard Visa

Card Number

Name on Card _____ Signature _____

Expiry date: _____/_____/_____ Email _____

Phone _____

Please return this registration form to: Wheelie Big Challenge PO Box 61 Mt Lawley 6929