



Pheels Phantastic

Accommodation & Luggage Distribution Package on Bicycle Victoria's GVBR 2010



YES be spoilt - let us pamper you on the GVBR - Book Now

Surname _____ First Name _____

Name for badge _____ Gender M / F _____

Address _____

Suburb _____ P/Code _____ State _____

Date of Birth _____ Occupation _____

Email (print clearly to receive information updates) _____

Home ph: _____ Mob: _____

T-Shirt Size (please circle) F: 8 10 12 14 16 18 M: S M L XL 2XL 3XL

Emergency contact name _____

Emergency contact number _____

Bicycle Victoria Rider Number - _____

I have booked into the Great Victorian Bike Ride (compulsory) Yes / No _____

**Optional Extra Package on Bicycle Victoria's
"Great Victorian Bike Ride"**

Luxury Package includes:
Luggage transfer to motel, our mechanic & masseurs,
a/tea, great breakfasts, bus transfer when needed from motel to
Bicycle Victoria campsite for dinner and return.
Includes **Complimentary** Group Dinner at Euroa Butter Factory
You **MUST** also book into Bicycle Victoria's GVBR

Package	No. of nights accommodation	Book after Jul 27 th	Book before Jul 27 th
Package A 8 nights	8 nights accom. b/fast (twin share or double room)	\$1950 pp	\$1890 pp
	8 nights accom. b/fast (single supp - own room)	\$2850 pp	\$2790pp
Package B 2 nights	2 nights accom. b/fast Nagambie (twin share/double room)	\$490 pp	\$450 pp
	2 nights accom. b/fast Nagambie (single supp - own room)	\$690 pp	\$650 pp

If you have a friend or friends coming on Pheels Phantastic and you would like to be in the same motel please list name/s _____

OPTIONAL EXTRAS
Please note all optional extras to be paid with progress payment

Pheels Phantastic Coach - bikes packed between cardboard	
Bus Transfer - Southern Cross Station to Yarrowonga - person/ bike/luggage	\$ 85
Bus Transfer - Marysville to Southern Cross Station - person/bike/luggage	\$ 60
Pre Accom & Breakfast - inc booking fee	
Yarrowonga Fri 26 th Nov (twin share)	\$95 pp
Yarrowonga Fri 26 th Nov (single supp - own room)	\$160 pp
Pre Accom is very limited. Please consider now to avoid disappointment!	
Sub-Total of Optional Extras	\$ _____

How did you hear about this ride? (please circle)

BV Flyer AT Website Friend BV Website Other

Previous Pheels Phantastic package Ride On Bike Magazine

TOTAL	\$ _____
DEPOSIT \$200	\$ _____
Progress payment payable now or in 30 days \$500 + Extras	\$ _____
BALANCE DUE by 27 th Sept 2010 Balance	\$ _____

Payment Details : Direct Deposit , C/C by phone or entry form , Cheque

Card holder's name _____ Amount to be deducted \$ _____

Credit card number (VISA or Mastercard only)

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Card holder's signature _____ Expiry date /

If you wish to share a room with a particular person, please insert their name.
Indicate twin share or double room required.
Name _____ Type of room _____

Conditions of contract: Please read carefully & sign below.

Deposit A non-refundable deposit of \$200 is required to reserve your booking.

Payment Direct deposit, credit card by phone or entry form or cheque. To retain your booking, full payment or a further progress payment of \$500, plus optional extras, is required 30 days after deposit is paid. The balance is due 60 days before departure.

Cancellations Or Ride Transfers Cancellation notification must be received in writing by AllTrails, before cancellation or ride transfer will take effect. Please note that the following charges will apply on cancellation. If cancellation is received 60 days or more prior to departure, all monies will be returned less the non-refundable \$200 deposit. If cancellation is received 59 days or less prior to departure 25% of the tour price will be forfeited. Each case assessed individually. If cancellation is received less than 7 days prior to departure, or while on tour because of sickness, accident or other, 100% of cost will be forfeited. Each case will be assessed individually. Ride transfers incur same conditions.

Insurance Private health cover, Bicycle Victoria or Bicycle Queensland insurance or other personal accident insurance is recommended for all cyclists.

Health Cyclists should be in good health and physical condition.

Communication Information and details pertaining to this tour will be made primarily via email. Please provide a valid email address. It is your responsibility to read all information provided. Some information emailed may need to be printed. Please check regularly for updates. Advise if not suitable.

Pre-approval Payment Options
Please deduct progress payment of \$ _____ from my credit card in 30 days.
Card holder's signature: _____
Please deduct balance due of \$ _____ from my credit card on 27th Sept 2010.
Card holder's signature: _____

I, the undersigned, wish to enter this ALLTRAILS BICYCLE TOURS Pty Ltd event at my own risk. I understand that participation in this ride involves riding on public roads used by other traffic, and in doing this, I am aware of the potential dangers, both on and off public roads. In my judgement, I am capable and competent to participate safely in this ride. I hereby release, exempt and indemnify the organisers ALLTRAILS BICYCLE TOURS Pty Ltd, its staff, sponsors, volunteers and all other persons involved in the organization of this event, from all actions, costs, demands, proceedings, and claims whatsoever made or taken by any person, arising out of my participation in the ride. I accept that I am to wear a helmet, abide by road laws, and understand the organisers have no responsibility for property damaged or stolen. I understand that riding outside the tour route and allocated times is at my own risk and I will not be supported by an AllTrails vehicle or staff. AllTrails reserves the right to change the advertised ride and itinerary due to road works, bad weather, unsafe conditions, or any unforeseen circumstances. I declare I am 18 years of age or older. For children under the age of 18 I authorize I am the legal guardian and can sign on their behalf. I consent to publication, for promotional purposes, of any photos or video footage taken of myself or others, while taking part in this event. I declare that I am in good health with mental and physical fitness to participate.

Applicant's Signature _____

DATE ___ / ___ / ___