**AUSTRALIAN VETERAN CYCLING COUNCIL Inc.**

**A0020300R ARB 084 246 695 ABN 96 724 615 505**

**Referees application under the rules of the Australian Veteran Cycling Council Inc.**

**NOTE**: (*This form must be completed in full or a certificate will not be issued)*

**(PLEASE PRINT)**

**NAME**: ............................................... .......................................................................................

 *Surname Given Names*

**POSTAL ADDRESS:** ........................................................................................................................... **P/CODE** ...........

**RESIDENTIAL ADDRESS:** ................................................................................................................... **P/CODE** ......……

**DATE OF BIRTH:** ..................... **PHONE:** (H) ...................................... (W/Mob) .........................................................

**EMAIL:** ..........................................................................……………….…………...................................................................

**Club of Membership:** ……………………………………………………………………………………………………………………………………………

**Name and position of recommending official:** …………………………………………………………………………………………………….

**TYPE OF REFEREE CERTIFICATE REQUIRED:** (*Please tick)*

**CLUB** **STATE** **NATIONAL**

Signature…………………………………………………………………………….Date…………………………………

**IMPORTANT**

*Ensure you attach signed duty of care form, passport photo, and letter of recommendation from club official.*

**Please return to:**

**Tom Finning** **AVCC Referee Officer,** 59 Wolseley Grove, Geelong North, Vic. 3215. Mob. 0418 521 420.