

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_

E-mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_

Next of kin name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of next of kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to join the HCPT Cycle 2025 WhatsApp Group Yes No

Would you like your details added to the contact list circulated to the group Yes No

Please tick as appropriate :

|  |  |  |
| --- | --- | --- |
|  |  | I would like to cycle the route |
|  |  |  |
|  |  | I would like to apply to be part of the support team for the cycle |

**If you have chosen to cycle the route, please answer the following questions :**

Do you have much cycling experience? *(please circle)* Yes No

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a bicycle at present? *(please circle)*  Yes No

What is the value of your bike (for insurance purposes) £\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, do you require some advice on buying a new bike? *(please circle)* Yes No

(We recommend that you use a racing/hybrid bike)

**If you have chosen to apply to be part of the support team :**

Please give details of any relevant skills or experience, e.g. mechanical, medical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All participants will be supplied with a polo shirt. Please supply your size:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| XS |  | S |  | M |  | L |  | XL |  | XXL |  |

**Pilgrimage**

Participants have the option of returning home after the cycle or joining their HCPT group for the Easter Pilgrimage. Please indicate below if you will be travelling for one week or two.

|  |  |  |
| --- | --- | --- |
|  |  | I will be joining HCPT Group \_\_\_\_\_\_ in Lourdes for the Easter Pilgrimage |
|  |  |  |
|  |  | I will be travelling home after the cycle on the group flight on Easter Sunday |
|  |  |  |
|  |  | I will make my own arrangements to travel home and deduct £60 from the fare |

**Application :**

* I wish to apply to participate in the HCPT Cycle 2025
* I understand that I must pay a fare of £850

(£100 now, £250 by 31st October 2024 and remaining balance by 31st January 2025)

* I enclose £100 non-refundable application fee. (This is the first instalment of my fare)
* I understand that I undertake to raise at least £2,000 for HCPT
* I confirm that I will provide details of any medical conditions by completing a medical form that will be provided on receipt of an application form.
* I agree that I will wear a cycle helmet at all times when cycling with HCPT
* I understand that this event is not a race and racing is strictly prohibited.
* I will obey the local Rules of the Road and Cycle 2025 Rules.
* Cycling can be a dangerous activity and I accept that neither the organisers nor HCPT can be held responsible for personal injury, accident, loss, damage or public liability. (Insurance can be sourced from British Cycling Association and must include cover for cycling abroad)
* I will attend the preparatory meetings :
  + 13th – 14th July 2024 with cycle on 14th July
  + 12th – 13th October 2024 with cycle on 13th October
  + 1st – 2nd March 2025 with cycle on both days
  + 5th – 6th April 2025 with cycle on 6th April
* The cycle will commence on Saturday 12th April 2025 to arrive in Lourdes Good Friday – 18th April 2025

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Online Payment reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (details of how to make an online payment are given below)

or

Cheque (made payable to HCPT) attached \_\_\_\_\_\_\_\_

Please return the completed form with either a cheque or your online payment reference for the minimum £100 application fee to:

HCPT Cycle 2025, Oakfield Park, 32 Bilton Road, Rugby, Warwickshire, CV22 7HQ

**Online payments**

To make a payment online, please go to: <https://www.hcpt.org.uk/other-payment/>

For Group Number, please leave this box empty

In the box ‘Payment for’, please select ‘Fares’

In the comments box, please enter ‘Cycle 2025’

Once your payment is complete, you will have a reference number, please enter it above so we can match your payment with your application form.