



2020 VARIETY INFORMATION FORMS

To be completed by each crew member (including car captain)

***Mandatory fields**

TEAM INFORMATION

1. Which event have you entered?*

☐

Brats

☐

Bash

☐

4WD

☐

Funflight

2. Car Number:* _____

3. Entrant Details:*

Full Name _____

Nickname: _____

Full Address: _____

Email: _____

Mobile: _____ D.O.B _____ No. of Events (inc 2020) _____

4. Working With Children's Check (WWC) details

****Please note this is now compulsory for all Motoring Event Entrants.
Apply now as a volunteer. No cost involved.***

5. p Card Number: _____ Expiry date: _____

lease circle your Event T-Shirt Size:*

Male T-Shirt S M L XL 2XL 3XL

Female T-Shirt XS S M L XL 2XL

Kids T-Shirt 2 4 6 8 10 12 14 16

6. Please list any Food Allergies / Dietary Requirements / Medical Allergies

7. Please list your Medical History / Current Medical Condition

Please attach a separate document outlining your medication if needed

Variety – the Children's Charity of Victoria ABN 80 145 257 414

H71, 63-85 Turner Street, Port Melbourne VIC 3207, PO Box 1076, South Melbourne VIC 3205

P. (03) 8698 3900 | E. info@varietyvic.org.au | variety.org.au/vic | facebook.com/varietyvic | twitter.com/varietyvic | instagram.com/varietyvic



8. Please list any current medication and dosage

Please remember to bring prescriptions. Please add a separate document outlining medication if required

9. Entrant Medical Information*

GP Name:

GP Contact Number/s:

Medicare Number:

Private Health Insurance:

Member Number:

Ambulance Member Number:

10. Emergency Contact*

Must be a person that is not travelling on the event

Full Name:

Address:

Contact Number:

Relationship to Entrant:

11. Do you hold a current Drivers License?* ☐ Yes ☐ No

If yes, please state the following:

Drivers License Number

Issuing State

Date of Expiry

- ☐ I have read and agree to the terms and conditions*
- ☐ I would like to receive future emails and newsletters regarding all Variety VIC Events
- ☐ I agree that all critical information provided in this form is true, correct and current. I understand it is my responsibility to update Variety Victoria with any changes to the above medical information*

SIGNED: _____ DATE: _____

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