



**EXPRESSION OF INTEREST FORM  
2007 WILD WEST HANDCYCLING TOUR  
17<sup>TH</sup> – 22<sup>ND</sup> MARCH 2007**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Athletic Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENDER**

Male  Female

**CATEGORY**

A1  A2  B  C1  C2

**ACCOMMODATION**

Do you require a wheelchair accessible room: Yes  No