

Cycling Munster Expression of Interest Form

Please list in the order of preference the discipline you would like to be considered for in the representation of your Province.

Road _____

Track _____

Off Road _____

Riders Details

Name _____

Club _____

Category for 2022 Season _____

Licence No. _____

D.O.B _____

Email _____

Phone no. _____

Notable Race experience/results from 2021/20 Season _____ (please include on separate sheet)

Medical Conditions/Medicines/Dietary Requirements

Next of KIN

Name _____

Email _____

Phone no. _____