

# The Irish Pilgrimage Trust – Cycle to Lourdes 2020 – APPLICATION FORM

CYCLE 2020 takes place in France from Sat 04<sup>th</sup> – Fri 10<sup>th</sup> April 2020  
PLEASE CLEARLY PRINT ALL DETAILS WHEN COMPLETING THIS FORM.



Office Use

Group No. \_\_\_\_\_ Cyclist PIN \_\_\_\_\_

1. Surname: \_\_\_\_\_ 2. Forename: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

**NOTE: All Applicants 70 Years of age or older MUST complete Section 22**

4. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Eircode / Postal Code: \_\_\_\_\_

5. Mobile No. \_\_\_\_\_ Home No. \_\_\_\_\_

6. Personal Email Address: \_\_\_\_\_

7. Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

8. EHIC No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

9. Next of Kin: \_\_\_\_\_ Contact No. \_\_\_\_\_

10. Relationship to Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_



**11. CYCLIST DETAILS –** Do you wish to apply to Cycle YES  NO

If you wish to apply to CYCLE, Do You Have Cycling Experience? YES  NO

If YES, give brief details: \_\_\_\_\_

Have you participated in previous Trust Cycles? YES  NO  If YES, Last Time: \_\_\_\_\_

12. **YOUR BICYCLE** Is it: Racing Bike  Hybrid / Tourer  Mountain Bike

We strongly recommend a Racing or Sports bike. Under no circumstances will you be allowed to cycle without a helmet.

13. I am a current member of **CYCLING IRELAND** YES  NO

Membership No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Category: \_\_\_\_\_

14. The Irish Pilgrimage Trust has its own exclusive cycle group, **La Brise Cycling Club**. Membership is only available to those who have completed the Cycle to Lourdes or have registered to participate in the 2020 Cycle to Lourdes. If you are interested in purchasing "**La Brise**" cycle gear or replacing your existing **La Brise** gear please indicate below. Subject to expressed interest we will order additional stock of Cycling Jackets, Bib-Shorts and Jerseys. Our Manufacturers require a minimum quantity order before manufacture. We hold some limited stock in hand.

Do you wish to order "**La Brise**" Cycling cloths? YES  NO

## 15. BACKUP TEAM

Do you wish to apply for Back-Up: YES  NO

**N.B. – Note that Back-up Team places are limited and all roles will be assigned by the Organisers**

If YES give details of appropriate skills / experience (e.g. Driving, Logistics, Cycle Mechanic, Catering) \_\_\_\_\_

16. If you are willing to drive in Ireland and France you MUST hold a clean driving licence with appropriate categories and you must provide a COLOUR copy of your Driving Licence (Commercial Drivers must hold up-to-date CPC and Drivers Card – Copies required if driving for the The Irish Pilgrimage Trust

Driving Licence No. : \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Categories: \_\_\_\_\_

**17. EVENING / LEISURE WEAR / CYCLE WEAR**

(Participants will be supplied with leisure wear for use in France)

Please tick your sizes:

Jacket	XS	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	L	<input type="checkbox"/>	XL	<input type="checkbox"/>	XXL	<input type="checkbox"/>	XXXL	<input type="checkbox"/>
Polo Shirt	XS	<input type="checkbox"/>	S	<input type="checkbox"/>	M	<input type="checkbox"/>	L	<input type="checkbox"/>	XL	<input type="checkbox"/>	XXL	<input type="checkbox"/>	XXXL	<input type="checkbox"/>

**18. EASTER PILGRIMAGE VOLUNTEERS**Have you been a Volunteer Carer with The Irish Pilgrimage Trust previously? : Yes  No 

If "YES", state your: - GROUP No. \_\_\_\_\_ How Many Times? \_\_\_\_\_ Last Time \_\_\_\_\_

Participants of Cycle 2020 have the option to return home on Easter Sunday following the Cycle or to remain on in Lourdes for the following week as a Volunteer Carer with your Irish Pilgrimage Trust Group. If you are joining your Group for the second week your Cycle 2020 fare of €500 covers the full cost for accommodation and return flight.

Currently, is it your intention to travel for one or two weeks: One Week  Two weeks (Cycle & Pilgrimage) 

**IMPORTANT NOTE: -** *If you intend remaining on in Lourdes as a Volunteer Carer with your Group you must notify the Head Office in Kilcuan directly in order to complete all the relevant Volunteer Forms and provide the required information.*

**19. APPLICATION:**

The information provided by you on this Application Form may be used by The Irish Pilgrimage Trust to assist the Cycle Organisers, the Cycle / Trust Medical Doctors and Trustees in its decisions to best organise the event. The information may be disclosed to the Cycle Organisers, Trust Medical Doctor and Trustees. You, as the provider of the information are entitled to a copy of your information on request under section 15 of GDPR legislation. You, as the provider of the information are entitled to rectify, and/ or remove the information where possible if inaccurate or processed unfairly.

**20. DATA PROTECTION STATEMENT:**

The Irish Pilgrimage Trust will only process your information for the reason / extension of the reason that it was obtained. Your data will not be passed onto third parties or accessed by any unauthorised individuals. Your data will be stored securely and will be processed in association with the Data Protection Acts 1988, 2003 and 2018 alongside GDPR legislation.

By signing this APPLICATION FORM I hereby consent to allow the processing of my data by The Irish Pilgrimage Trust. YES 

21. I wish to apply to participate in The Irish Pilgrimage Trust's **Sponsored CYCLE TO LOURDES 2020** and by signing this Application Form I understand and accept that I must pay a fare of €500 and undertake to raise a minimum of €3,000 in Sponsorship for The Irish Pilgrimage Trust. I enclose the required €200 non-refundable application fee (this being the first instalment of my fare unless I withdraw). I hereby agree to the following requirements, conditions and statements:-

- I will wear a cycle helmet at all times when cycling with The Irish Pilgrimage Trust
- I understand that this event is NOT a race and that racing is strictly prohibited
- I will obey the Rules of the Road at all times and comply with the Trust's Cycle 2020 Rules and Code of Practice
- Cycling is a dangerous activity and I accept that neither the Organisers nor The Irish Pilgrimage Trust can be held responsible for personal injury, accident, loss, damage or public liability.
- I agree to be a current paid up member of Cycling Ireland for the duration of my involvement and participation in the Trust's 2020 Cycle to Lourdes and that I will provide details of my membership to the organisers as required.
- I will attend all preparation meetings, practice cycles and the final meeting/cycle weekend before departure;
- I will not use or bring any illegal substances on The Irish Pilgrimage Trust Cycle 2020. I agree not to be under the influence of alcohol or any other substance which might reduce or impair the standards of care, behaviour and conduct required. I agree to comply with the directions received from The Irish Pilgrimage Trust on these matters.
- I will inform the Cycle 2020 Organisers and the Trust's/Cycle Medical Doctor of any medical / health condition and any medications which I am taking and require while participating in Cycle 2020.
- I will abide by the Terms, Conditions and Code of Conduct of The Irish Pilgrimage Trust / Cycle 2020
- I understand that my image may be contained and used in photographic and video material published by the Trust in all its promotional publications including hardcopy, electronic and internet and hereby give consent to such use.
- Meetings and Practice Cycles Schedule (subject to confirmation)

1<sup>st</sup> Meeting and Practice Cycle – 28 / 29 Sep 2019  
2<sup>nd</sup> Meeting and Practice Cycle – 16 / 17 Nov 2019  
3<sup>rd</sup> Meeting and Practice Cycle – 14 / 15 Feb 2020  
FINAL Meeting/Cycle / Leave Bikes – 28 / 29 Mar 2020

**22. OVER 70 Section – To be completed by your DOCTOR**

The following information is required for medical and insurance purposes for ALL Cycle 2020 Applicants aged 70 years of age or older on 01<sup>st</sup> April 2020

In my opinion \_\_\_\_\_ is medically fit to travel and cycle/participate in The Irish Pilgrimage Trust Cycle to Lourdes 2020.

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

Doctor's Name

Please Print \_\_\_\_\_ STAMP

**23. Applicant's Signature:**

Date: \_\_\_\_\_

Return the completed Application Form to :-

**CYCLE 2020, Kilcuan, Clarinbridge, Galway, H91 W596**

Early application is advisable as numbers will be limited.

**N.B. The €200 non-refundable deposit must accompany the Application Form in order to be registered.**