



**Office Use Only:**

Category: Elite \_\_\_ Walker \_\_\_ Climber \_\_\_ Emergency Service \_\_\_

Full Kit Firefighter \_\_\_ Corporate Challenge \_\_\_

Bib #: \_\_\_\_\_ Wave: \_\_\_\_\_ Team: \_\_\_\_\_

Entry Fee Paid: Yes / No

Donation Paid: Yes / No

# Registration Form (New Climber & Replace Climber)

*PLEASE PRINT CLEARLY*

Are you replacing a registered climber? Yes \_\_\_ No \_\_\_ (please tick X)

If yes, please indicate name of previous climber: \_\_\_\_\_

If previous climber was part of a team, indicate team name: \_\_\_\_\_

Have you participated in the Eureka Stair Climb before? Yes \_\_\_ No \_\_\_ (please tick X)

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_ (please tick X)

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Contact number : \_\_\_\_\_

Do you have any existing medical conditions, which may impact your ability to participate in Eureka Stair Climb?  
If yes, please detail:

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

Emergency contact name : \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

**PLEASE READ THE TERMS AND CONDITIONS OF THE EUREKA STAIR CLIMB EVENT**

- \_\_\_ I have read and agree with all of the [Terms and Conditions](#)
- \_\_\_ I have paid the event registration fee (not applicable if you replace a registered climber)
- \_\_\_ I have paid or raised the minimum fundraising pledge (\$50 Individual / \$250 Corporate Challenge)  
(tick all applicable X)

Print name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**IMPORTANT: All on-line Registration Transfers need to be completed at least seven (7) days prior Event Day!**