

BMX NZ Event ENTRY FORM

	Contact Name:				Phone Number:						
	1	<u>Please complete the ent</u> Prize will be a t-shirt (first	ry form in	full with	n correct rider d	etails					
		Frize will be a t-sillit (jirsi	t class ent	i y onty)	Please state t-s	IIII C SIZE					
Licence No	First Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	T-shir Size	
<u>PLEASE</u>	osed \$ck method of payme	Entries close nt: Cheque Cash				ATE ENTE		ONEY WI		RY	
When making bank deposit, please email your entry form to waitakerebmx@gmail.com							Desirae Beechey PO Box 104 096				
Once depos	it has been received you <u>y</u>	will receive an email confir	rming rece	eipt of en	<u>try</u>			Auckland	l		
Bank Account Details: Waitakere BMX 03-0156-0137767-00 Please ensure the following is con Reference: Surname of Rider Particulars: Club Prefix				oleted:			Entry Enquires to: 0275-288 437 On day contact: 021-720 668				
	the terms and conditions of MUST BE SIGNED AND RETUR	entry and acknowledge the or RNED TO COMPLETE ENTRY	rganisers di	isclaimer o	on the Event flyer						
C											