

BMX NZ Event ENTRY FORM

Event Name: Northern Region Champs	Date:	8 March 2014
Contact Name:	_ Phone Numb	oer:
Email:	Mobile Num	ber:
Please complete the entry for	rm in full with co	rrect rider details

Licence No	First Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class

 Fee Enclosed \$______
 Entries close: Postal: 26-Feb, Email: 28-Feb

 MONEX WITH POSTAL ENTRY PLEASE, PANK DEPOSIT by 27 Eeb to be in our account by 28 Eeb

MONEY WITH POSTAL ENTRY PLEASE. BANK DEPOSIT by 27-Feb to be in our account by 28-Feb.

Please tick method of payment:
□ Cheque □ Cash □ Bank Deposit

When making bank deposit, please email your entry form to entries@papakurabmx.co.nz

Once deposit has been received you will receive an email confirming receipt of entry

Bank Account Details: ASB Papakura 12-3031-0614295-00 Please ensure the following is completed: Reference: Surname of Rider Code: Club Prefix Particulars: Phone number used above

agree with the terms and conditions of entry and acknowledge the organisers disclaimer on the Event flyer. ENTRY FORM MUST BE SIGNED AND RETURNED TO COMPLETE ENTRY Post Entries to

Leanne Carter 279 Point View Drive Shamrock Park Auckland 2016

Entry Enquires to: Leanne 534-1778 / 021-280-1179

> On day contact: Bryan 021-230-5223

Signed _____

_Name____