BMX NZ Event ENTRY FORM



EVENT NAME: Fuji Xerox Mountain Raiders Race Meet

DATE: Sunday 30th March 2014

Entries C	Close: Wedne	esday 19th Ma	arch *Post	with Cl	heque, or by e	email with Bank	C Deposit	(NO LATE E	ENTRIES)		
Contact Name:						Contact Phone Number:					
Email: _						*Please follow up posted entries with an email.					
Licence Number	First Name	Last Name	Gender M/F	Age UCI	Sprocket Age on Day	Date of Birth	Club Prefix	Plate Number	Class Event	Fee \$20	
dividus	al Entries Fe	o Enclosed				l agree wit	th the tern	and condi	itions of entry.		
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						Signea:					
Payment	MethodC	CashCheq	ue Ba	nk Dep	osit	Name:					
Email Entries Complete this form and email to mtrentries@gmail.com						*Postal Entries Mountain Raiders Club Inc					

Account Number: 12-3040-0434480-00 **Please** use the following transaction reference fields:

Bank Account for direct credit/internet banking: BMX Mountain Raiders Club Inc

Particulars = Surname or Contact Name as used above

Code = Club Prefix

Reference = Contact Phone Number as used above eg. 095732458 or 0219856237

Mountain Raiders Club Inc P O Box 82126 Highland Park 2010 Auckland