



# BMX NZ Event ENTRY FORM

EVENT Name **Mooloos**

Date: 15/16<sup>th</sup> March 2014

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

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

**Entries Close**  
**Fee Enclosed**

**8<sup>th</sup> March 2014**

**\$ \_\_\_\_\_**

**I agree with the terms and conditions of entry. This form must be signed and returned  
To complete entry.**

**Signed \_\_\_\_\_ Name \_\_\_\_\_**

## Post Entries to

Cambridge BMX Club  
P.O Box 843  
Cambridge

## E-mail

[cambridgebmx@hotmail.com](mailto:cambridgebmx@hotmail.com)

Particulars – surname

Code – club prefix

Reference – contact phone numbers

Bank Details

Westpac 03 1568 0041299 00