

## **BMX NZ Event ENTRY FORM**

	Event Name:	Wainuiomata BMX Ch	ampionsh	ips	Date:	4 <sup>th</sup>	Octobe	r <b>2014</b>		
	Contact Name:			Phone Nu	ımber:					
	Email:		Mobile Number:							
		Please complete the e	entry form in	full with	correct rider d	<u>etails</u>				
Licence No	First Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	
		Entries close: 28			MONEY WITH	I ENTRY I		*NO LATE		
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When making bank deposit, please email your entry form to <a href="mailto:wabmxmembership@yahoo.com">wabmxmembership@yahoo.com</a>							Wainuiomata BMX Club Inc C/- Catherine Grindlay			
Once deposit has been received you will receive an email confirming receipt of entry						32 Burden Ave Wainuiomata				
nice deposi				Please ensure the following is completed: Particulars: Surname of Rider				U E01		
ank Account	t Details:						LO	wer Hutt 501	4	
ank Account Vestpac	t <b>Details:</b> BMX Club Inc	Particulars: Si						embership@ya		