

BMX NZ Event ENTRY FORM

Event Name: Contact Name:	Auckland	Auckland Champs			Date: Phone Number		Saturday 24 th of January, 2015				
Email:					Mobile Number						
		Please comp	ete the enti	ry form	n in full with cor	rect rider deta	<u>ils</u>				
Licence No Fi	rst Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	Fee	
-		ets/20"/CR, Superclass	(as per Flyer	r)							
Fee Enclosed	1			.		ose: Posta	: 14-Ja	nuary E	Email: 16-Janı	uary	
MONEY WITH P	OSTAL ENTR	Y PLEASE. BANK	DEPOSII E	3Y 16	January.		_				
Please tick method of payment: □ Cheque □ Cash □ Bank Deposit								Post Entries to			
When making bank deposit, please email your entry form to entries@papakurabmx.co.nz You will receive an email confirming receipt of entry								Leanne Carter 279 Point View Drive Shamrock Park			
Bank Account Details: ASB Papakura Please ensure the following is completed: Reference: Surname of Rider (1st)								Auckland 2016			
12-3031-0614295-00 Particulars: Club Prefix Code: Contact phone number								Entry Enquires to: Leanne 09 534 1778 / 021 280 1179			
		of entry and acknowled		iser's di	sclaimer on the Ev	vent flyer.		On	the day contact:		

Signed ______Name____

On the day contact: Bryan 021 230 5223