

BMX NZ Event ENTRY FORM

	Contact Name:			Phone N	umber:				
	Email:			Mobile Number:					
		Please complete the	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 (20" / Cr)
Entry fee	: Sprockets/20"/CR), ¢25 (2nd class ¢5, n	: 20	_					
	osed \$	•	. , .	•	class \$20 (on <mark>d February 2</mark>	•		VITH ENT	RY PLEASE
Fee Enclo	ck method of paym	Entrie	es close: 5p ash 🗆 Bank	m 22n Depos	d February 2	015 M	Sen secretary	d Entries t @eastcityb	<u>o</u>
Fee Enclo Please tic When makin	ck method of payment, please	Entrie	es close: 5p ash - Bank ecretary@easto	Depos	d February 2	015 M	Sen secretaryo East	d Entries t @eastcitybr or mail to City BMX CI	o nx.com ub
Please tice When makin Once payme Bank Account Bank name ar	ck method of payment, please ent has been received your details:	Entrie	es close: 5p ash Bank ecretary@eastconfirming reco	Depos citybmx.ceipt of e	d February 2	015 <u>M</u>	Sen ecretaryo East P (eastcitybe eastcitybe or mail to City BMX CI Box 85052	o nx.com ub
Please tice When makin Once payme Bank Account Bank name ar	ck method of payment, please ent has been received your details:	Entrie	es close: 5p ash Bank ecretary@eastconfirming reco	Depos citybmx.ceipt of e	d February 2	015 M	Sen secretary (East P (Road Main	eastcitybe eastcitybe or mail to City BMX CI Box 85052	o mx.com ub uckland 1545 272 4003
Please tice When making Once payme Bank Account Bank name ar 12-3036-0613	ck method of payment, please ent has been received your betails: nd branch 574-00 [ASB]	Entrie	es close: 5p ash Bank ecretary@easto confirming reco bllowing is comp lars: Surname of Code: Club one No (as used a	Depos citybmx.ceipt of e leted: Rider Prefix above)	it com	O15 M	Sen secretary (East P (Road Main	eastcitybror mail to City BMX Cl Box 85052 Il Centre, Ac	o mx.com ub uckland 1545 272 4003