

## **BMX NZ Event ENTRY FORM**

Event Name: HAWERA INDOOR  Contact Name:  Email:				Date: Saturday 23 <sup>rd</sup> & Sunday 24 <sup>th</sup> May 2015						
				Phone Number:						
	Email;	Mobile Number:								
Licence No	First Name	Please complete the	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	
		, 2 <sup>nd</sup> class \$5 , Superclass E <u>ntries clo</u>					-	entry only WITH EN	TRY PLEAS	
Please tick method of payment:   Cheque   Cash   Bar					t		Post Entries to			
When making bank deposit, please email your entry form to cushla.craig@xtra.co.nz							HAWERA BMX CLUB PO BOX 228			
nce deposi	it has been received y	ou <u>will receive an email c</u>	onfirming rece	eipt of ent	<u>ry</u>			HAWERA 4	640	
SB Hawera	Please ensure the following is come Reference: Surname of Ride Particulars: Club Prefix						Entry Enquires to: 06-2788795 On day contact: 027 554 0656			
agree with t	the terms and conditions	s of entry and acknowledge t	:he organiser's o	disclaimer o	on the Event fly	er.				
Signad		Namo								