

BMX NZ Event ENTRY FORM

YVNew Zeatand											
Event Name: Da\$h 4 Ca\$h				Date: Saturday 5			i th of December, 2015				
Contact Name:					Phone Number:						
Email:					Mobile Number:						
		Please compl	ete the ent	ry form	in full with cor	rect rider deta	<u>ils</u>				
Licence No F	irst Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	Fee	
										_	
Entry Fees: \$10 Stri	der. \$25 Sprock	ets/20"/CR, \$10 NRRS p	re-entry				1				
Fee Enclosed	•	•			Entries cl	ose: Posta	l: 25 th N	lov Ema	ail: 30 th Nov		
	•	Y PLEASE. BANK	DEPOSIT I	BY 30 ^t							
Diago tia	اء معادما م د	marine anti-	- Co	ــــــــــــــــــــــــــــــــــــــ	Doule Donosit			P	ost Entries to		
<u>Please tic</u>	k method of	payment: Chec	que 🗆 Ca	sn 🗆	bank Deposit			<u></u>	<u> </u>		
When making bank deposit, please email your entry form to entries@papakurabmx.co.nz								Leanne Carter 279 Point View Drive			
You will receive an email confirming receipt of entry								Shamrock Park			
<u>Bank Account</u> ASB Papakura		nsure the fol ce: Surname c		s completed: (1 st)		Auckland 2016					
12-3031-0614295-00		Particula	Particulars: Club Prefix					Er	ntry Enquires to:		
		Code: Co	ntact phone i	number			L	eanne 09 5	34 1778 / 021 28	0 1179	

On the day contact:
Bryan 021 230 5223

I agree with the terms and conditions of entry and acknowledge the organisers disclaimer on the Event flyer. ENTRY FORM MUST BE SIGNED AND RETURNED TO COMPLETE ENTRY

Signed ______Name____