



# BMX NZ Event ENTRY FORM

Event Name: Doctor Bike Mega Meet

Date: Sunday 4<sup>th</sup> October 2015

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Please complete the entry form in full with correct rider details

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

Fee Enclosed \$ \_\_\_\_\_

Entries close: 5pm 18 September 2015

MONEY WITH ENTRY PLEASE

Entry Fee: \$30.00 Sprockets/20"/CR, 2<sup>nd</sup> class \$15 (no prize)

Please tick method of payment:  Cheque  Cash  **Bank Deposit**

When making bank deposit, please email your entry form to: [chcbmx@hotmail.com](mailto:chcbmx@hotmail.com)

Once deposit has been received you will receive an email confirming receipt of entry

Bank Account Details:

Westpac Hornby

03-0767-0292205-000

Please ensure the following is completed:

Reference: Surname of Rider

Particulars: Club Prefix

Post Entries to

**Christchurch City BMX Club**

**PO Box 16058**

**Hornby**

**Christchurch**

Entry Enquires to: 027 4279586

On day contact: 027 4279586

I agree with the terms and conditions of entry and acknowledge the organiser's disclaimer on the Event flyer.

ENTRY FORM MUST BE SIGNED AND RETURNED TO COMPLETE ENTRY

Signed \_\_\_\_\_ Name \_\_\_\_\_