

## **BMX NZ Event ENTRY FORM**

	Event Name:	Wainuiomata BMX Ch	nampionshi	ps	Date:	Saturda	y 3 <sup>rd</sup> Oc	tober 20	15	
	Contact Name:			Phone Nu	mber:					
	Email:			Mobile Number:						
		Please complete the	entry form in	full with	correct rider d	etails				
icence No	First Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix	Bike Number	Class	
ry Fee: \$	25 per class (Sprocke	et/20"/CR); \$5 2 <sup>nd</sup> class	(no award)							
. Encloso	д <b>¢</b>	Entries close: 26	ith Contombo	or 2015	MONEY WITH	J ENITOV I	DI EACE *	**NO   ATE	ENITDIEC**	
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ease ticlen making te deposit k Account tpac	bank deposit, please entition bank deposit, please entition betails:  MX Club Inc	mail your entry form to wa u will receive an email co Please ensure the fol Particulars: S	inuibmx@yaho  nfirming recei  lowing is comp	o.co.nz ipt of ent leted:			Wainuid C/- 94 V	omata BMX Cl Heather Dave Wellington R Vainuiomata	ub Inc ey d	

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