

BMX NZ Event ENTRY FORM

	Event Name: Welling	ips [Date: 7th February 2016 Phone Number: Mobile Number:							
	Contact Name:	F								
	Email:	^								
		Please complete the	entry form in	full with o	correct rider (<u>details</u>				
Licence No	First Name	Last Name	Gender M/F	Age UCI	Sprockets Age on the day	Date of birth	Club Prefix I	Bike Number	Class 20"/CR	
	Sprockets/20"/Cr \$30.00 osed \$		Entries close	: 29 th J	anuary 201	6 <u>M</u>	ONEY W	ITH EN	TRY PLEASE	
Please tick method of payment: □ Bank Deposit When making bank deposit, please email your entry form to: wellingtonbmxchamps@gmail.com						**No postal entries** Entries by Email and Bank Deposit				
Once deposit has been received you will receive an email confirming receipt of entry						۸۱۱ م	only All enquires directed to Jason Cross			
Bank Account Details:Please ensure the following is completed:Levin BMX clubReference: Contact phone numberWestpac 03-0667-0396015-00Code: Club PrefixParticulars: Surname of Rider							021 629175 Or wellingtonbmxchamps@gmail.com			
		of entry and acknowledge the URNED TO COMPLETE ENTR		sclaimer o	n the Event flye	er.				