



BMX NZ Event ENTRY FORM

Event Name: **Waikato Region Tri Series**

Date: **Saturday 9/10th March 2013**

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

Fee Enclosed \$ _____

Entries close: 5pm 1st March 2013

MONEY WITH ENTRY PLEASE

Please tick method of payment: Cheque Cash

Please note entries will not be accepted after 5pm on the 1st March 2013. Please don't be offended when entry refused after this time.

Internet banking is not available for this meeting. This form must be returned with your entry and fee- no exceptions

Post Entries to

Waikato Region BMX
P O Box 96
Te Awamutu
Entry Enquires to: 0277537229
On day contact: 0277537229

I agree with the terms and conditions of entry and acknowledge the organisers disclaimer on the Event flyer.

Signed _____ Name _____