



# Adelaide BMW

## 2010 Junior South Australian Off Road Championship Series



### Entry Form

<b>RIDER</b>			Round Number:
Surname:		First Name:	
Postal Address:			
Postcode:	Club:		Series Number:
Contact Phone:	DOB:		Age:
Email Address:			MA Licence No:

<b>ENTRANT/SPONSORS</b>	
Sponsors:	
Entrant Name:	MA Licence No:

<b>EMERGENCY CONTACT</b>	
Emergency Contact Name:	Phone:
Address:	

<b>MACHINE/CLASS</b>			
Make:	Model:	Capacity:	Class:

<b>SIGNATURES</b>	
Rider:	Date:
If Under 18 years of age, Parent/Guardian must approve their consent with a signature below	
Parent/Guardian:	Date:

<i>Office Use Only</i>			
Entry Received:	Paid - Y / N	Payment:	Chq M/Order Cash
Comments:			