



Yamaha



2010 Senior South Australian Off Road Championship Series

Entry Form

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

ENTRANT/SPONSORS	
Sponsors:	
Entrant Name:	MA Licence No:

EMERGENCY CONTACT	
Emergency Contact Name:	Phone:
Address:	

MACHINE/CLASS			
Make:	Model:	Capacity:	Class:

SIGNATURES	
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:			