

RIDER			OFFICIAL ENTRY FORM			Event Round No. 5
Surname:		First Name:				
Postal Address:				Phone No.		
Postcode:	D.O.B. / /	Age:	Email:			
Club Name:		Club Membership No:		Fax No:		
IS THIS YOUR FIRST YEAR IN RELIABILITY TRIALS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	M.A. Lic.No.		
DO YOU HAVE AMBULANCE COVER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiry Date: / /		
DO YOU HAVE A MEDICAL CONDITION? ie Asthmatic		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Civil Lic. No.		
IF YES, PROVIDE DETAILS:		Expiry Date: / /				
Emergency Contact Name:						
Address:				Phone No:		
PASSENGER						
Surname:		First Name:				
Postal Address:						
Postcode:	D.O.B. / /	Age:	Phone No.			
Club Name:		Club Membership No:		Email:		
DO YOU HAVE AMBULANCE COVER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fax No:		
DO YOU HAVE A MEDICAL CONDITION? ie Asthmatic		YES <input type="checkbox"/>	NO <input type="checkbox"/>	M.A. Lic.No.		
IF YES, PROVIDE DETAILS:		Expiry Date: / /				
Emergency Contact Name:						
Address:				Phone No:		
ENTRANT / (SPONSOR)						
Name:				M.A. Lic.No.		
Phone No.		Fax No.		Expiry Date: / /		
Competitors with a documented medical condition requiring the Use of a Prohibited Substance or Method must first obtain a Therapeutic Use Exemption (TUE)						
CLASSES		SOLO		SIDECAR		
Please tick box for appropriate class						
EXPERT		CLUBMAN		EXPERT		CLUBMAN
<input type="checkbox"/> A Unlimited	<input type="checkbox"/> D Open 2 stroke	<input type="checkbox"/> C Unlimited	<input type="checkbox"/> K Unlimited			
	<input type="checkbox"/> F Up to 270cc Four Stroke	MASTERS				
	<input type="checkbox"/> G 270cc to 470cc Four Stroke	<input type="checkbox"/> J 45yrs & Over (Rider Only)				
MASTERS	<input type="checkbox"/> H 470cc & Over Four Stroke					
<input type="checkbox"/> I Rider 45yrs & Over	<input type="checkbox"/> L Ladies All Powers					
RALLY				SOLO & SIDECAR		
<input type="checkbox"/> Solo		<input type="checkbox"/> Sidecar		<input type="checkbox"/> M Pre 1990		
This class may not apply to all events: refer to event supp regs Machine & it's accessories must represent the era to conform with the class						
MACHINE					Permit No:	
Make:	Model:	Year:	Capacity:	cc	Reg No:	
PAYMENT						
Enclosed is the entry fee of \$ _____ and 2 Stamped self-addressed envelopes						
SIGNATURES						
Cheque <input type="checkbox"/>			Money Order <input type="checkbox"/>		Cash <input type="checkbox"/>	
Rider Signature _____			Date / /			
Passenger Signature _____			Date / /			
If the Rider/Passenger is under 18 years of age the following must be completed by a Parent/Guardian						
I consent to Name _____ competing in the above Reliability Trial.						
Signature		Signature				
Parent/Guardian	Date / /	Witness	Date / /			