

RIDER				OFFICIAL ENTRY FORM				Event Round No. 6											
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																
			<input type="checkbox"/> G 270cc to 470cc Four Stroke																
			<input type="checkbox"/> H 470cc & Over Four Stroke																
MASTERS			<input type="checkbox"/> L Ladies All Powers			MASTERS													
<input type="checkbox"/> I Rider 45yrs & Over						<input type="checkbox"/> J 45yrs & Over (Rider Only)													
RALLY						<input type="checkbox"/> Solo		<input type="checkbox"/> Sidecar		SOLO & 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			Date / /			Date / /										
Parent/Guardian			Witness																