

ENTRY FORM

2012 NEW ZEALAND MOTOCROSS CHAMPIONSHIP Round 1

First Name: _____ Surname: _____
Date of Birth: _____ MNZ Licence Number: _____
Address: _____
City/Town: _____ Postcode: _____
Telephone(h): _____ Telephone(w): _____
Mobile: _____ Email: _____

I WISH TO ENTER IN THE FOLLOWING CLASS OR CLASSES

CLASS	MACHINE	CAPACITY	RACING No	ENTRY FEE
MX 1				\$120.00
MX 2				\$120.00
125cc 2 Stroke				\$120.00
MX 3				\$ 70.00
Total Enclosed				\$

Tick if you want to enter Under 21yrs (you must have entered the 125cc 2 stroke class).

Sponsors: _____

I have read and agree to the Supplementary Regulations & the Machine Examination Excluder & Disclaimer of Liability, as attached to this entry form:

Competitors signature: _____ Date: _____

Where a rider is a minor (under 16 years) the attached disclaimer must be countersigned by a parent or legal guardian.

Parents signature: _____ Relationship: _____

SEND THIS ENTRY TO:

SCMCC
P.O. Box 451
Timaru

Or Email entry to: mays@woosh.co.nz or Fax to (03) 6864902

ENTRY CLOSE – 2nd FEBRUARY 2012