



MAPLE RIDGE MOTORSPORTS / KAWASAKI CANADA

TUESDAY NIGHT - PRACTICE

ENTRY FORM

BIKE NUMBER

FOR EASY REFERENCE

RIDER INFORMATION:

DATE: _____ MEMBERSHIP #: _____

FIRST NAME: _____ LAST NAME: _____

CLASS:	BIKE #	MAKE OF BIKE:
<input type="checkbox"/> 50cc / NEW KID BEGINNER	_____	_____
<input type="checkbox"/> SMALL BIKE (65cc / 85cc / 100cc)	_____	_____
<input type="checkbox"/> BIG BIKE - SLOW	_____	_____
<input type="checkbox"/> BIG BIKE - FAST	_____	_____
<input type="checkbox"/> VETS / LADIES	_____	_____

EMERGENCY CONTACT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

RELATION: _____ PHONE #: _____