



ENTRY FORM

BIKE NUMBER
FOR EASY REFERENCE

RIDER INFORMATION:

DATE: _____ MEMBERSHIP #: _____
FIRST NAME: _____ LAST NAME: _____
CITY: _____ PROVINCE/STATE: _____
SPONSOR(S): _____

CLASS:	BIKE #:	MAKE OF BIKE:
<input type="checkbox"/> 50cc (4-6 yrs)	_____	_____
<input type="checkbox"/> 50cc (7-8 yrs)	_____	_____
<input type="checkbox"/> 50cc Open	_____	_____
<input type="checkbox"/> 65cc (7-9 yrs)	_____	_____
<input type="checkbox"/> 65cc (10-11 yrs)	_____	_____
<input type="checkbox"/> 85cc (7-11 yrs)	_____	_____
<input type="checkbox"/> 85cc (12-16 yrs)	_____	_____
<input type="checkbox"/> SUPERMINI (9-16 yrs)	_____	_____
<input type="checkbox"/> NEW KID BEGINNER	_____	_____
<input type="checkbox"/> PLUS 25 (25 yrs & Older)	_____	_____
<input type="checkbox"/> YOUTH OPEN (12-24 yrs)	_____	_____
<input type="checkbox"/> LADIES	_____	_____
<input type="checkbox"/> 250 JUNIOR	_____	_____
<input type="checkbox"/> 250 INTERMEDIATE 2	_____	_____
<input type="checkbox"/> OPEN BEGINNER OPEN	_____	_____
<input type="checkbox"/> JUNIOR	_____	_____
<input type="checkbox"/> OPEN INTERMEDIATE	_____	_____
<input type="checkbox"/> OPEN PRO	_____	_____
<input type="checkbox"/> VET JUNIOR	_____	_____
<input type="checkbox"/> VET MASTER	_____	_____

EMERGENCY CONTACT INFORMATION:

FIRST NAME: _____ LAST NAME: _____
RELATION: _____ PHONE #: _____