

2010 Reliability Trials Championship Series

RIDER	OFFICIAL ENTRY FORM	Event Round No.	1
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Surname:		First Name:	
Postal Address:			Phone No.
Postcode:	D.O.B. / /	Age:	Email:
Club Name:		Club Membership No:	Fax No:
<i>IS THIS YOUR FIRST YEAR IN RELIABILITY TRIALS?</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>DO YOU HAVE AMBULANCE COVER?</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>DO YOU HAVE A MEDICAL CONDITION? ie Asthmatic</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>IF YES, PROVIDE DETAILS:</i>		Expiry Date: / /	
Emergency Contact Name:			
Address:			Phone No:

PASSENGER

Surname:		First Name:	
Postal Address:			Phone No.
Postcode:	D.O.B. / /	Age:	Email:
Club Name:		Club Membership No:	Fax No:
<i>DO YOU HAVE AMBULANCE COVER?</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>DO YOU HAVE A MEDICAL CONDITION? ie Asthmatic</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>IF YES, PROVIDE DETAILS:</i>		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	SIDE CAR	SOLO OR SIDE CAR
<p>EXPERT</p> <input type="checkbox"/> A Unlimited	<p style="font-size: x-small;"><i>Please tick box for appropriate class</i></p> <p>EXPERT</p> <input type="checkbox"/> C Unlimited	<p>PRE 1990</p> <input type="checkbox"/> M
<p>CLUBMAN</p> <input type="checkbox"/> D Open 2 stroke <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 <input type="checkbox"/> L Ladies All Powers		<p>CLUBMAN</p> <input type="checkbox"/> K Unlimited
<p>MASTERS</p> <input type="checkbox"/> I Rider 45yrs & Over	<p>MASTERS</p> <input type="checkbox"/> J 45yrs & Over (rider only)	<p>RALLY</p> <input type="checkbox"/> Solo <input type="checkbox"/> Sidecar

MACHINE	Permit No:
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Make:	Model:	Year:	Capacity:	cc	Reg No:
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PAYMENT	Enclosed is the entry fee of \$ _____ and 2 Stamped self-addressed envelopes		
	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/>

Any Parent/Guardian giving their consent for a rider or passenger under 18 years of age to compete, must be present to sign said rider or passenger in on the day.

