

## MARYBOROUGH MOTOR CYCLIST CLUB INC 2017 CLOSED TO CLUB DIRT TRACK SERIES



Rider's Surname:	Rider's First Name:			
Address				***************************************
MA Lic. No:	MA Lic. Expli	y Date:		
Date of Birth:				
Registered Competition No:	Number On Bike			
<b>B</b> .	***********			
Emergency Contact and Number	afminitatoimmastatoimmannainkkinst	armarārmam kimtornismoni	ondiaminiminiminiminimi	éatenen toten tottanen en
Passenger's Surname:	************************************	Passenger's First	Name:	***************************************
Address				
MA Lic. No:	M/	Lic. Expiry Date:		
Date of Birth:				
Registered Competition No:		Number On Bike	initátratestratóiratestratoirataira	
<b>2</b>	***************************************			
Emergency Contact and Number	nataraminianaminiminaminiminimini	iainimininiminiminimininini		natestandidinininininininini
EVENT	MACHINE	CAPACITY	AGE	
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I ACKNOWLEDGE THAT THIS MEET SUPPLEMENTARY REGULATIONS				
MEETING ALL PARTIES AGREE TO	COMPLY WITH THESE RULES, R	EGULATIONS, BY-LAWS A	AND INSTRUCTIONS.	ENTERNA ING
ENTRY FEES:				TOTAL PAYABLE = \$
PLEASE REFER TO SUPPLEMENTA	RY REGULATIONS.			
RIDERS NAME		SIGNATURE		DATE
PASSENGERS NAME		SIGNATURE		DATE
PARENT / GUARDIAN NAME		SIGNATURE		DATE
PLEASE TICK ONE		Ololizationa	-	Drill E
<b>_</b> .				
I AM A PROFESSIONAL RIDER AN	D MY ABN IS: BRY WHICH IS THE REASON I AM NO	T OLIOTRIO ANI ADM		