



TAUPO MOUNTAIN BIKE CLUB
WINTER TEAMS RACE SERIES 2004
ENTRY FORM



RACE 1: Sunday 6th June

RACE 2: Sunday 4th July

RACE 3: Sunday 8th August

TEAM NAME	RIDE NUMBER	AMOUNT PAID

	NAME	FULL POSTAL ADDRESS	PHONE
RIDER 1			
RIDER 2			
RIDER 3			
RIDER 4			

Give us your email address(es) if you want to receive the full scrutineered results

Name(s)	Email Address(es)

Please circle your category:

INDIVIDUAL MAN

INDIVIDUAL WOMAN

OPEN

MIXED

WOMEN

FAMILY

SECONDARY SCHOOLS

INDIVIDUAL BOY

12 YRS & UNDER

SAFETY RULES

Wear a cycle helmet when riding; Control your speed to match your ability; Call and state a side before overtaking; Have care and consideration for other riders, especially the young.

WAIVER/RELEASE:

I/we agree to take part in these events at my/our own risk and to abide by safety and race rules. I/we accept that these events involve a degree of risk and will not hold the organisers, sponsors, landowners or any other person liable for loss or injury to equipment or person, incurred in the race. I/we consent to our details being released to the event sponsors.

SIGNED _____

DATE _____

Parent or guardian if under 16 years of age