

# SIX HOURS IN THE SADDLE

ON THE DAY ENTRY ONLY. DO NOT FAX, EMAIL OR POST THIS ENTRY TO US.  
PLEASE BRING IT ALONG TO REGO ON SAT MAY 15, 2010 ALONG WITH FULL PAYMENT.

## RACE CATEGORY

### SOLO (minimum age 16 years)

Solo Male (capped @ 60)  Solo Female  Solo Male Masters (40yrs +) \$70 \$\_\_\_\_\_

### PAIRS (minimum age 14 years)

Male Pairs  Female Pairs  Mixed Pairs \$110 \$\_\_\_\_\_

### TEAMS (Teams of 3 or 4 minimum age 14 years – School Teams minimum age 12 years)

Team of 3 - Male  Team of 3 - Female  Team of 3 - Mixed \$130 \$\_\_\_\_\_

Team of 4 – Open \$160 \$\_\_\_\_\_

Team of 4 - School Team (minimum age 12 years) \$120 \$\_\_\_\_\_

## SOLO ENTRANT / TEAM CAPTAIN - PERSONAL AND CONTACT INFORMATION

First Name: Surname: M or F: D.O.B. (dd/mm/yy):

Email: Phone: Mobile:

Street Address: Suburb:

State: Postcode: Country:

Emergency contact person: Contact number:

Do you have a MTBA License?  Yes, MTBA # \_\_\_\_\_  No, purchase a day license \$15 \$\_\_\_\_\_

Tick if you do not wish to receive additional information from event sponsors

Team Name :

Team Sponsor :

## RIDER # 2 (or solo rider helper) - PERSONAL AND CONTACT INFORMATION

First Name: Surname: M or F: D.O.B. (dd/mm/yy):

Email: Phone: Mobile:

Street Address: Suburb:

State: Postcode: Country:

Emergency contact person: Contact number:

Do you have a MTBA License?  Yes, MTBA # \_\_\_\_\_  No, purchase a day license \$15 \$\_\_\_\_\_

Tick if you do not wish to receive additional information from event sponsors

## RIDER # 3 - PERSONAL AND CONTACT INFORMATION

First Name: Surname: M or F: D.O.B. (dd/mm/yy):

Email: Phone: Mobile:

Street Address: Suburb:

State: Postcode: Country:

Emergency contact person: Contact number:

Do you have a MTBA License?  Yes, MTBA # \_\_\_\_\_  No, purchase a day license \$15 \$\_\_\_\_\_

Tick if you do not wish to receive additional information from event sponsors

**RIDER # 4 - PERSONAL AND CONTACT INFORMATION**

First Name:	Surname:	M or F:	D.O.B. (dd/mm/yy):
Email:	Phone:	Mobile:	
Street Address:	Suburb:		
State:	Postcode:	Country:	
Emergency contact person:	Contact number:		

Do you have a MTBA License?  Yes, MTBA # \_\_\_\_\_  No, purchase a day license \$15 \$\_\_\_\_\_

Tick if you do not wish to receive additional information from event sponsors

**PAYMENT**

**ONE PAYMENT PER TEAM**

Credit Card  Visa  Mastercard

**TOTAL**

Card Number / / /

\$
----

Expiry / 3 digit CVC #

Name on Credit Card Signature

Date

Cheque or Money Order attached – please make payable to Finish Line Events

Cash