

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 16, 2009 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