EMAIL NOMINATION TO:

track@ma.org.au



NOMINATIONS CLOSE 5PM (AEDST) 15TH March 2018

NOMINATION FORM

2018 AUSTRALIAN SENIOR SIDECAR CHAMPIONSHIP

RIDER DETAILS: (Please Print Clearly)		Phone Number:	
Rider's First Name:		Surname:	
Address:			
City / Town:		State:	Postcode:
Date of Birth:		Email:	
Riders MA Licence #:		Exp Date:	
PASSENGER DETAILS: (PI	ease Print Clea	arly) Phone Nun	nber:
Rider's First Name:		Surnam	ie:
Address:			
City / Town:		State:	Postcode:
Date of Birth:		Email:	
Riders MA Licence #:		Exp Date:	
Please note: ALL Mechanics who		idents MUST hold a co ntry into the Pit / Padd	
Mechanics MA Name:			κρ Date:
Mechanics MA Name:		Licence # & Ex	κρ Date:
Machine Details:			
MAKE:			
RACING COLOURS:			
Must be completed by all competitors			
I/we are completely aware of the mechanical guarantee that this motorcycle conforms to a	-	_	
Riders Name:	Signature:		Date:
Passengers Name:	Signature:		Date:
Mechanics Name:	Signature:		Date:
Mechanics Name:	Signature:		Date: