

WAGIN MOTORCYCLE CLUB – HYDEN IRONMAN 300
SMITHY'S PLACE – HYDEN WA

COMPETITOR INFORMATION...

NAME: _____

ADDRESS: _____

PH: _____ **FAX:** _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PH:** _____

MEDICAL ALLERGIES: _____

DESCRIPTION OF BIKE...

MAKE: _____ **MODEL:** _____

CAPACITY: _____ **COLOUR:** _____

DISCLAIMER: I acknowledge and agree as condition of entry that the Promoters, nor the sponsor organisations, nor the land owners or lessee's, nor the organisers of the race meeting/event, nor their respective servants/officials, representatives or agents (all of whom shall collectively be called "the organisers"), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that motor sport is dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

RIDERS SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

ENTRY FEE: \$100.00 SENIOR

\$ 70.00 JUNIOR

\$ 40.00 UTV

_____ PAID _____ Y/N _____

(PLEASE NOTE: ENTRY FEE COVERS ENTRY, T-SHIRT & CAMPING FEE)

CLASS: _____ **RACE NUMBER ISSUED:** _____

Please email: yarrumcharlie@hotmail.com or fax 08 9821 1179 to event secretary. Payment to be taken at event, or you can post to Wagin Motorcycle Club, Secretary: Karlie Moir PO Box 41, Katanning 6317. Race Number issued at scrutineering or you can phone me 0437 907 811 to request class number. Cheers, hope to see you there...