FAX: RACE ENTRY FORM

SURNAME:		FIRST NAME:	
ADDRESS:			CLUB:
LICENCE NO:	CATEGORY:	DATE OF BIRTH:	
PHONE NUMBER:		DATE ENTRY FAXED:	

DATE OF EVENT	NAME OF EVENT	PROMOTING CLUB	ENTRY FEE
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL	$

PAYMENT BY
CHEQUE/ CASH/ CREDIT CARD: BANKCARD/ MASTERCARD/ VISA (Please Circle**)**

CARD NUMBER: _____/_____/_____/_____ **EXPIRY DATE:** _____/_____

NAME OF CARDHOLDER: _____ **SIGNATURE:** _____

NEW SOUTH WALES CYCLING FEDERATION
OFFICIAL RACE ENTRY FORM

Entries may be received by either:

a) POST with applicable cheque/money order to: PO Box 895 Bankstown NSW 2200
b) FAX with Credit card details to FAX: 02 9796 1488
c) All entries must be on an official Race Entry form and **will not** be accepted unless all details are included, signed and accompanied by the correct entry fee
d) Entries will **not** be accepted by telephone
e) Refer to your race booklet for the correct entry fee
f) Multiple entries are encouraged
g) Competitors must keep a personal record of events they have entered
h) Competitors must report with their Racing Licence to collect their race number **no later** than 15 minutes before the advertised start time of an event
i) Failure to return race number immediately following withdrawal from an event may incur a penalty

I have read and understood the above conditions and agree to abide by the conditions and rules of the New South Wales Cycling Federation.

SIGNATURE : _____