



# 2015 Transporter Registration

**Please Email or Post completed form to:**  
ASBK Race Secretary, PO Box 134, South Melbourne VIC 3205  
e: [asbk@ma.org.au](mailto:asbk@ma.org.au)

**Please print clearly in capitals:**

Team Name: \_\_\_\_\_ Team Contact: \_\_\_\_\_

1. Rider Name: \_\_\_\_\_ Class: \_\_\_\_\_ Race #: \_\_\_\_\_
2. Rider Name: \_\_\_\_\_ Class: \_\_\_\_\_ Race #: \_\_\_\_\_
3. Rider Name: \_\_\_\_\_ Class: \_\_\_\_\_ Race #: \_\_\_\_\_
4. Rider Name: \_\_\_\_\_ Class: \_\_\_\_\_ Race #: \_\_\_\_\_

**Transporter Drivers:**

**Driver 1:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

**Driver 2:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

**Transporter Details:**

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
Registration #: \_\_\_\_\_ Colour Scheme/Graphics: \_\_\_\_\_  
Vehicle Length (m): \_\_\_\_\_ Vehicle Width (m): \_\_\_\_\_ Vehicle Height (m): \_\_\_\_\_  
Trailer Length (m): \_\_\_\_\_ Trailer Width (m): \_\_\_\_\_ Trailer Height (m): \_\_\_\_\_  
Annex Length (m): \_\_\_\_\_ Annex Width (m): \_\_\_\_\_ Annex Height (m): \_\_\_\_\_

Notes: \_\_\_\_\_  
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\_\_\_\_\_  
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