



Please email or post completed form to:
 ASBK Race Secretary, PO Box 134, South Melbourne VIC 3205
 e: 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: _____

