



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

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: _____

