



SATURDAY 12TH
of OCTOBER 2019

BEECHWORTH

SUNDAY 13TH
of OCTOBER 2019

YACKANDANDAH



Victorian Mountain Bike Championships Series late Entry

Please tick the race category that you wish to complete in. Please refer to www.vicchampseries.com.au for further information on race categories.

XC0 - \$65		XC0 - \$65		XC0 - Juniors \$50	
Elite Men		Master 5/6 Men (50-59)		Under 17 Men	
Elite Women		Master 5/6 Women (50-59)		Under 17 Women	
Open Men		Masters 7 Men (60+)		Under 15 Men	
Open Women		Masters 7 Women (60+)		Under 15 Women	
Masters 1/2 Men (30-39)		Under 19 Men		Under 13 Men	
Masters 1/2 Women (30-39)		Under 19 Women		Under 13 Women	
Masters 3/4 Men (40-49)					
Masters 3/4 Women (40-49)					

Personal Details

MTBA No.		or		Day Licence (\$30 EXTRA)
First Name		Last Name		DOB / /
Street		Suburb		
State		Post Code		Phone No.
Email		Mob No.		
Emergency contact name and number				

! YES! Please send me information about future events and event sponsors.

Conditions of participation

All competitors understand the following terms and conditions:

1. All those taking part in the "Vic MTB Champs Series", do so at their own risk and responsibility.
2. Participants agree to abide by the participation rules and policies adopted from time to time by Big Hill Events (BHE), Fitzroy Revolution club and Flat Hill Dirty Crits
3. All parties involved with the event do not accept any liability to the extent permitted by law for loss, damage, injury or inconvenience that might occur to any person or goods as a consequence of participation in the event.
4. Participants consent to the administration of first aid and other medical treatment in the event of an injury and agree to pay the costs of any such treatment if required.
5. Participants in the event are strongly advised to take out their own medical and ambulance insurance. You are solely responsible for these.

Signed by competitor (or parent/guardian if under 18): _____ Date ___/___/___

Payment

Charge my _____ (Credit card type)

Name on card: _____ Expiry Date: ___/___/___

Card No.

□□□□	□□□□	□□□□	□□□□
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Amount \$

CSV _____

Signature of card holder. _____

PLEASE PRINT AND BRING WITH CASH TO REGISTRATION