

Replacement Rider Form



Team Name:			
Team Category:			
Round Details:			
Name of rider who is being replaced			
New Rider Details			
First Name		Surname	
Street Address			
Suburb		Postcode	
Date of Birth		Age on 28/4/2012	
Gender	Please tick: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Email			
Phone Number			
Emergency Contact Name			
Emergency Contact Number			
Pre-Existing Medical Conditions			
MTBA Membership Number			
MTBA Club			
Happy to receive Sponsor Info & Offers	Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Add me to Chocolate Foot mailing list	Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>		
I have read & understood the event waiver	Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature (over 18 riders)			
Parent/guardian signature for under 18 riders			
Admin Only	Payment Amount & Details:		
Bike Number:		Transponder Number:	
New Day Permit:		New category:	