

School / Group:	
Team name:	
Category: EEV/HPV (please circle) Class:	
Emergency name and contact on the day	
Name:	Mobile number:
Rider 1:	(if applicable)Year level:
Rider 2:	Year level:
Rider 3:	Year level:
Rider 4:	Year level:
Rider 5:	Year level:
Rider 6:	Year level:
Rider 7:	Year level:
Rider 8:	Year level:
Rider 9:	Year level:
Rider 10:	Year level:
Team manager / principals name:	Signature:

This form must be submitted upon registration on Saturday morning.

All riders must fit the age group for the category their team is entered for.

• Any changes to the team list must be made prior to the start of the race and registered with the Registrations desk at the event.