



SKI RACING NSW GRAND PRIX SERIES 2011/2012

Entries close Thursday 8pm one week prior to the event (see website for race dates)

All entries received on or before the closing date will go into the draw. ****All late entries will go to the end of the field and incur a \$25 late fee for each race****

Entries to SRNSW Fax: (02) 6863 4697 Post: 39 Farrer St, Parkes 2870

Email: entries@skiracingnsw.com.au

Cost of Entries \$125.00 per race

Race 1 - Under 13 years – (\$30.00 only)

Race 2 - Womens Open & F2

Race3 - Juniors (U16 yrs)

Race 4 - Mens Open & F2

Payment must accompany the entry otherwise the entry will not be accepted.

Multiple entries accepted on this form. Please add up the cost of your entries and make one payment.

SRNSW will be allocating helpers to the roster randomly, you will be required to assist as allocated. Anyone not fulfilling their duties, will have all further entries refused until they themselves have fulfilled their duty – please check the SRNSW Website for your roster times Wednesday prior to each Grand Prix event.

Date of Grand Prix: _____

Entry 1

Name of Class Entered	Event No	Boat Name	SRNSW Boat No.
Driver Name & SRA M'ship No.		Observer Name & SRA M'ship No.	
Skier Name & SRA M'ship No.			
			Cost of this entry \$

Entry 2

Name of Class Entered	Event No	Boat Name	SRNSW Boat No.
Driver Name & SRA M'ship No.		Observer Name & SRA M'ship No.	
Skier Name & SRA M'ship No.			
			Cost of this entry \$

Entry 3

Name of Class Entered	Event No	Boat Name	SRNSW Boat No.
Driver Name & SRA M'ship No.		Observer Name & SRA M'ship No.	
Skier Name & SRA M'ship No.			
			Cost of this entry \$

\$25 Boat Levy for _____ plus cost of Entries \$ _____ Total Payment Due = \$ _____

PAYMENT DETAILS

Please find attached cheque for payment of \$ _____ or

I authorise SRNSW to debit my Mastercard or Visa Card account nominated below with the entry fee indicated, together with a 3% transaction fee.

Credit Card Number _____ / _____ / _____ / _____ Expiry Date _____ / _____ Amount \$ _____

Signature _____ Name on Card _____

Direct Deposits can be made to BSB: 062-232 Account: 1020 5600 (please ensure your name is in the reference)

Amount Deposited: \$ _____ Date Deposited: _____ Receipt No: _____

An email address must be supplied with this form so that a receipt of entry can be sent to the team contact for checking of entries.

Name: _____

Email: _____

Phone: _____