



2024 Victorian HPV Grand Prix Series

Team Rider List

Form 4

Please Select

Race 1

Race 2

Race 3

Race 4

School / Group:

Team Name: Category:.....

Emergency name and contact on the day

Name: Mobile number:.....

Rider 1:..... Age:..... Gender.....New Rider

Rider 2:..... Age:..... Gender.....New Rider

Rider 3:..... Age:..... Gender.....New Rider

Rider 4:..... Age:..... Gender.....New Rider

Rider 5:..... Age:..... Gender.....New Rider

Rider 6:..... Age:..... Gender.....New Rider

Rider 7:..... Age:..... Gender.....New Rider

Rider 8:..... Age:..... Gender.....New Rider

Rider 9:..... Age:..... Gender.....New Rider

Rider 10:..... Age:..... Gender..... New Rider

Rider 11:..... Age..... Gender.....New Rider

Rider 12:..... Age..... Gender.....New Rider

Team manager / principals name:.....Signature:.....

Date

(Please note all forms need to be submitted prior to Scrutineering. No transponders will be allocated until all paperwork is received) All riders must fit the age group for the category their team is entered for. Student ID and driver's licence / photo ID (Non school based teams) should be available when requested.