



## 2019 Victorian HPV Grand Prix Series

### TEAM RIDER LIST

*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.....

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

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

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

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

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

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

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

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

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

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

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

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

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