



Broadford State Motorcycle Sports Complex – Number of Riders Form

Club Name: _____

Event: _____ Date of Meeting: _____

Venue: _____

Contact: _____ Mobile: _____

Number of Riders @ \$15 Per Rider: _____

Total Amount: _____

Please email your completed forms to broadfordadmin@motorcyclingvic.com.au at the end of the event.