

OSCS PRACTICE ENTRY FORM

DATE_____

NAME_____BIKE BRAND/SIZE_____NUMBER_____

DOB_____AGE_____YEARS RACING_____

STREET ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PHONE # (____)_____EMAIL ADDRESS_____

SPONSOR(S)_____

*****CIRCLE CLASS/ES ENTERED*****

1. BIG BIKE A/B
2. 85cc
3. VETS +25/+30/+40/+50
4. BIG BIKE C/D
5. 65cc
6. SCHOOLBOY
7. WOMEN/ VINTAGE/ +60
8. 51cc
9. SUPERMINI
10. 51cc AIR COOLED

ATTENTION: A SIGNED RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT MUST ACCOMPANY THIS ENTRY FORM.

Entrants Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____