

## **Motorcycling NSW Limited**

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## **Seminar Self Nomination Form**

## **Please Print Clearly in Block Letters**

First	Name:	Surname:		
Addr	ess:	Postcode:		
Mob	ile No:	Home No:		
Emai	il:			
l wo	uld like to attend the	following Seminar	·/s:	
П	General	Area:	Date:	
	Clerk of Course		Date:	
	Race Secretary	Area:	Date:	
Ш	Scrutineer	Area:	Date:	
	Steward	Area:	Date:	
	Refresher	Area:	Date:	
A			osit which is refundable once you have attended.  cominations cancelled without notification.	
<u>PAYI</u>	MENT DETAILS: An	nount Paid: \$	Cheque/Money Order	
Or al	ternatively: $\square$	VISA □M	ASTERCARD	
Acco	unt Name:			
Expir	ry Date:	/ Signature:		