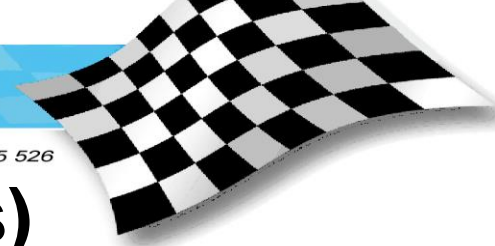




**MOTORCYCLING NSW LIMITED**  
 9 Parkes Street, Harris Park NSW 2150  
 PO Box 9172, Harris Park NSW 2150  
 p: (02) 9635 9177 f: (02) 9635 5277

ACN 096 875 526 ABN 20 096 875 526



# Seminar Nomination Form (Clubs)

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Seminar: \_\_\_\_\_ Date: \_\_\_\_\_ Club: \_\_\_\_\_

Venue: \_\_\_\_\_ Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

	Name	Address	Suburb	P/Code	Mobile No	Email Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

By nominating the following attendees from my club, I understand that the club takes full responsibility in informing Motorcycling NSW of any cancellations before the closing date of nominations or within 24hrs of the seminar, and that **not informing Motorcycling NSW of any cancellations will result in a \$75.00 fee.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position in Club: \_\_\_\_\_ Date: \_\_\_\_\_

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