

New England Motocross Association

Rider # _____

Official Entry Form



Track
Race Date
QuickPass #
Telephone #
Email Address:

For Members Only:

Pre Entry \$25.00 per class

Post Entry \$35.00 per class

Enclose One check or money order for EACH race day ~ Properly completed form and payment must be received 14 days prior to race date.

MAIL TO: Liz Johnson, PO Box 305,
Hope Valley, RI 02832

Total amount Paid \$ _____

Cash Amt. _____ or CK# _____

Taken By: _____

First Name _____	Last Name _____	DOB _____	Age _____
Address _____		City _____	State _____ Zip _____

Machine

Cannondale	Kawasaki
Cobra	Polini
Honda	Suzuki
Husqvarna	Yamaha
KTM	Other:

Engine Size

50cc	125 - 144cc
65cc	250F
85cc	250 2 stroke
100cc	450F
150F	Other:

Please Check Class(es) you will be Racing in:

Mini 50 (4-6)	125C (16-18)
Mini 50 (7-8)	125 School Boy (12-15)
Mini 50 Open (4-8)	125 Collegeboy (16-21)
65A/B (7-11)	Girls Class (9-15) 85cc - 150F big wheel
65C (7-11)	Womens Class (12+) 100cc-250F
65 ALL (7-11)	Grand Prix 16+
85A (7-15)	450cc 4-Stroke class 16+
85B (7-15)	Vet-A 25+
85C (7-11)	Vet-B 25+
85C (12-15)	Vet-C 25+
Jr. Mini	Vet-A 40+
Super Mini	Vet-B 40+
125A (12-18)	Vet-C 40+
125B (12-18)	Pit Bike (4-12) <i>selected days only</i>
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First Name _____	Last Name _____	DOB _____	Age _____
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Machine

Cannondale	Kawasaki
Cobra	Polini
Honda	Suzuki
Husqvarna	Yamaha
KTM	Other:

Engine Size

50cc	125 - 144cc
65cc	250F
85cc	250 2 stroke
100cc	450F
150F	Other:

Please Check Class(es) you will be Racing in:

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65C (7-11)	Womens Class (12+) 100cc-250F
65 ALL (7-11)	Grand Prix 16+
85A (7-15)	450cc 4-Stroke class 16+
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Mini 50 (7-8)	125 School Boy (12-15)
Mini 50 Open (4-8)	125 Collegeboy (16-21)
65A/B (7-11)	Girls Class (9-15) 85cc - 150F big wheel
65C (7-11)	Womens Class (12+) 100cc-250F
65 ALL (7-11)	Grand Prix 16+
85A (7-15)	450cc 4-Stroke class 16+
85B (7-15)	Vet-A 25+
85C (7-11)	Vet-B 25+
85C (12-15)	Vet-C 25+
Jr. Mini	Vet-A 40+
Super Mini	Vet-B 40+
125A (12-18)	Vet-C 40+
125B (12-18)	Pit Bike (4-12) <i>selected days only</i>
125C (12-15)	Pit Bike (13+) <i>selected days only</i>

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Signature of Participant _____

Signature of Parent _____

New England Motocross Association

Official Entry Form

Rider # _____



Track
Race Date
QuickPass #
Telephone #
Email Address:

For Members Only:

Pre Entry \$25.00 per class

Post Entry \$35.00 per class

Enclose One check or money order for EACH race day ~ Properly completed form and payment must be received 14 days prior to race date.

MAIL TO: Liz Johnson, PO Box 305,
Hope Valley, RI 02832

Total amount Paid \$ _____

Cash Amt. _____ or CK# _____

Taken By: _____

First Name _____	Last Name _____	DOB _____	Age _____
Address _____		City _____	State _____ Zip _____

Machine

Cannondale	Kawasaki
Cobra	Polini
Honda	Suzuki
Husqvarna	Yamaha
KTM	Other:

Engine Size

50cc	125 - 144cc
65cc	250F
85cc	250 2 stroke
100cc	450F
150F	Other:

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