

Event Details

| | |
|----------------|--|
| Date of Event | |
| Venue/Location | |

Registration Form

Personal Information

| | |
|--|--|
| Company Name | |
| Contact Person | |
| Address | |
| Contact Phone | |
| Email | |
| Products Sold | |
| Public Liability Insurance Company Name | |
| Insurance Policy Number | |

***** NOTE – PLEASE INCLUDE A COPY OF YOUR CERTIFICATE OF CURRENCY *****

I/We _____

Hereby agree to abide by the BMX Sports Western Australia Super Series Vendor Policy.

| | |
|---|--|
| Signature of Vendor | |
| Signature Club Contact | |
| Club Contact Name (please print) | |

Office Use Only

| |
|--------------------------|
| <i>Rec Date:</i> |
| <i>Public Liability:</i> |
| <i>Approved Date:</i> |

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