

# Nomination Form



Date: 10 -07-2021

Mower Class:

Mower Number: \_\_\_\_\_

Race Fees:

PAID

Senior \$50

Standard \$20

Junior \$20

Competitor Details:

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ RELATION: \_\_\_\_\_

Phone: \_\_\_\_\_

Technical Inspection:

PASS

FAIL

Comments: