

WAMRA - Western Australian Mower Racing Association



NON-MEMBER EMERGENCY CONTACT FORM

This form must be completed by all **non-members** participating in WAMRA events.

Information is used **only in the event of an emergency.**

PARTICIPANT DETAILS

Full Name: _____ Date of Birth: _____

Phone Number: _____

Address: _____

Email address _____

Ambo Cover # _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: _____

PARENT / GUARDIAN (IF UNDER 18)

Name: _____ Relationship: _____

Phone Number: _____

Signature: _____ Date: _____

Event Date: _____

Mower Number: _____ Class: _____

Mower Number: _____ Class: _____

Mower Number: _____ Class: _____

Mower Number: _____ Class: _____