

2011 DOCTOR GLASS
 "CASH FOR PODIUMS"
 CLAIM FORM



NAME			
MA LICENSE			
POSTAL ADDRESS			
	STATE	POSTCODE	
PHONE NUMBER	PHONE	MOBILE	
EMAIL ADDRESS			
MOTORCYCLE/YEAR/MODEL			
FAIRING MODEL PURCHASED	DATE / /		
EVENT/RACE SERIES			
EVENT/RACE SERIES WEBSITE			
EVENT/RACE SERIES ORGANIZER CONTACT DETAILS	NAME	PHONE	
REGISTRATION NUMBER			
EVENT/RACE SERIES LAST ROUND	LAST RND LOCATION	DATE / /	
ACCOUNT NAME			
BSB			
ACCOUNT NUMBER			

I hereby declare that the above information I have supplied is true and correct.

NAME (Please print) _____ SIGNATURE _____ DATE ____ / ____ / ____