



2017 QUEENSLAND MOTOCROSS CHAMPIONSHIPS

WILD CARD APPLICATION

TO BE RETURNED BY: 3rd July 2017 to raceseecretary@mqlld.org.au

NAME: _____

CONTACT PHONE NO: _____

CONTACT EMAIL ADDRESS: _____

RIDING NUMBER: _____

CURRENT CLASS OF COMPETITION: _____

GRADE: _____

CLASS/ES OF COMPETITION REQUESTING WILD CARD CONSIDERATION

1. _____

2. _____

3. _____

REASON FOR REQUESTING WILD CARD ENTRY – (Please note evidence may be required)

Please list results of open/zone meetings

SIGNATURE OF RIDER/(Parent if under 18) _____ DATE _____