

Morrinsville Wheelers Cycling Club presents the 55th

**Bill & Hazel Summers Memorial Open**

**Saturday 1 October 2016**

Come and enjoy one of cycling’s historic open club event graded handycap



|  |  |  |
| --- | --- | --- |
| **Event** | **Distance** | **Start Time** |
| Open | 80 km | 11 am |
| U17 | 40 km | 11 am |
| U15 & U13 | Depending on Entries | 11 am |
| Handcycle | 20 km | 11 am |

Registration between 9.30 - 10.30 at the Kiwitahi Hall, 959 Morrinsville-Walton Road, Kiwitahi

[www.morrinsvillewheelers.org.nz](http://www.morrinsvillewheelers.org.nz/)



Entry Form for the Bill & Hazel Summers Memorial Race

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female (please circle one)

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

Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Event** | **Distance** | **Entry Fee** | **Amount Paid** |
| Open | 80 km | $20 |  |
| U17 | 40 km | $10 |  |
| U15 & U13 | Depending on Entries | $10 |  |
| Handcycle | 20 km | $10 |  |
|  |  |  |  |
| Total Amount Paid |  |  |  |
| Payment Method (circle): | Cheque Internet Banking (preferred) | | |

Cheques to be made payable to **Morrinsville Wheelers Cycling Club**.

Internet banking to be paid into account **030371 0108862 00**.

As reference note **B&H Open** and as particulars note “**your name**”.

|  |  |
| --- | --- |
| Post or Fax the entry to:  Morrinsville Wheelers Cycling Club  42 Snell Street, Morrinsville 3300  Fax: 07 889 4579 | E-Mail a scanned entry form to: info@morrinsvillewheelers.org.nz  For any inquiries phone 07 889 6979 |

**The waiver must be accepted with your signature to be able to race:**

I agree to race at my own risk. I will obey Cycling New Zealand and UCI race rules. I will obey the road rules of New Zealand at all times. I waiver any claims against race organisers and official in the event of an accident occurring. I will respect the rights of other competitors, officials and non-event road users.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by guardian if competitor is under 18 years old:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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