



ATTENDANCE RETURN

CLUB NAME:
NAME OF EVENT:
DATE OF EVENT:

DAY LICENCES: See licence form for pricing details.

	Name	Type (Freestyle, Competition, Restricted)	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$

Amount owing for Day Licences: \$ _____
[Amount held by club for safety equipment etc \$ _____ (\$20 from each \$70 Competition Day Licence)]

ANNUAL LICENCES: See licence form for pricing details.

	Name	Type (Freestyle, Competition, Restricted)	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Amount owing for Annual Licences: \$ _____

TOTAL AMOUNT OWING (Day licences plus Annual Licences) = \$ _____

The funds have been deposited directly into the AJSBA's bank account on _____ (insert date)

Account Details: BSB NO: 064 450 Acc No: 10088810. Please Quote Club & Event Name.



VOLUNTEERS / MARSHALLS / RACE DIRECTOR / ASSISTANT RACE DIRECTOR / SCORERS:

(Please list all for insurance purposes).

	Name	Role
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

RIDERS DETAILS

	Rider/Entrant Name	Class (IF A PERSON ENTERS MORE THAN 1 CLASS--LIST SEPARATE ENTRIES)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

TOTAL No. of Entries: _____

Completed By: --- _____ (INSERT NAME, CONTACT EMAIL OR PHONE NO)

IF YOU DO NOT HAVE ENOUGH ROOM PLEASE PRINT ANOTHER PAGE AND INSERT.

PLEASE NOTE THAT THIS FORM IS TO BE COMPLETED AFTER EVERY EVENT HELD AND RETURNED WITHIN 7 DAYS AFTER THE EVENT ENCLOSING ALL LICENCE FORMS AS WELL AS THE SIGNED LIABILITY WAIVERS by *email only* to secretary@ajsba.org.au

Results will form eligibility for licensing classification and National Titles eligibility.

All assessments for Juniors & Race Directors must be attached to this document with licence applications.