



BRITISH SCHOOLS CYCLING ASSOCIATION
OFFICIAL ENTRY FORM



Event Title: Date: Venue: Time: Closing Date: Promoters Name: Promoters Address: Postcode: Telephone Number: Fax Number: email: CATEGORIES: Entry Fees: Cheques Payable to:	
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PLEASE PRINT CLEARLY IN BLOCK CAPITALS:

Please enter me for: _____

Full Name: _____

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BSCA MEMBERSHIP NUMBER : CLUB OR PRIVATE MEMBER NUMBER

if not a BSCA Member £1 surcharge (£2 for Nationals)

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Age on 1st September 08(Beginning of School Year): _____ Date of Birth _____

School: _____

ALL COMPETITORS IN BSCA EVENTS RIDE IN THE NAME OF THEIR SCHOOL

Club: _____

School / Club Colours: _____

Best Performance at this type of event since 1st January last year _____

I hereby Declare that the particulars submitted on this entry form are complete and correct .

I agree to abide the rules of the BRITISH SCHOOLS CYCLING ASSOCIATION
and to accept the decisions of their Officials in all matters concerning this event

Signed: _____ Entry Fee enclosed: _____

TO BE SIGNED BY PARENT / LEGAL GUARDIAN:

I being the Parent / Legal Guardian of the entrant named on this form, hereby
agree to his/her participation in the competition under the terms and conditions
stipulated

Signed: _____ Date: _____

BSCA records are being updated onto Computer.

Members not wishing their details to be stored on Computer should contact the General Secretary.