

Gravity LC 2017 Membership Form

Expires 31/12/2017

Biker Name :

Address :

.....Post code :.....

E-mail Address:

Mobile Number:.....

Home Number:.....

If under 18: Date of birth:Age:.....

Class :.....

Bike Make:

Engine Size:.....

Rider Number:

Transponder number if known:.....

{ } I hereby give permission for Gravity LC to use still images and video footage for media and advertising purposes.

{ } I hereby give permission for my name to be used for advertising.

By signing below, I hereby declare that I understand the rules of the I.O.P.D and Gravity LC and agree to be bound by them.

Signed (Parent/Guardian to sign if rider under 18)

Date