



2011 Smokefree Perth Criteriums Support Men's Category – Expression of Interest Form

Team Name/Sponsor: _____

Team Manager: _____ **Contact Number:** _____

Team Managers Email: _____

Team Members: (All information *must* be provided for each team member, do not complete individual nomination form)

Member 1 Name: _____ **Date of Birth:** _____

Email Address: _____ **Licence Number:** _____

Member 2 Name: _____ **Date of Birth:** _____

Email Address: _____ **Licence Number:** _____

Member 3 Name: _____ **Date of Birth:** _____

Email Address: _____ **Licence Number:** _____

Member 4 Name: _____ **Date of Birth:** _____

Email Address: _____ **Licence Number:** _____

Please provide details of a fifth rider that will take position if one of the riders above is unable to race:

Member 5 Name: _____ **Date of Birth:** _____

Email Address: _____

The following must accompany this nomination form:

- PDF/JPEG Image of Team Jersey or Sponsors Logo suitable to display on web
- Team Profile (rider biography; team results etc.) to display on web

Payment Details

Team (of four) Price: \$750.00 incl. GST

Teams will be issued with an invoice on confirmation of their nomination into the Smokefree Perth Criterium Series.

If you have any issues or questions, please contact TriEvents by email info@trievents.com.au or by phone 08 9204 1899.