



CLUB MEMBERSHIP (Adult Solo) Application for Winter/Summer series 09/10

FIRST NAME _____ SURNAME _____ DATE OF BIRTH _____

ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____ EMAIL _____

BIKE Manufacturer _____ CC _____ 2 stroke 4 stroke (Please circle)

CLASS ENTERED Please choose a number for the relevant class which will be your permanent rider and membership number. Please circle class and write relevant numbers. Leave numbers blank if you have no preferred number. Track n Trail reserve the right to promote riders to next class.

Existing members No's will be saved for first race of the winter series only, so you can keep the same No as last year.

Class	No's available	1 st Choice	2 nd Choice	3 rd Choice
Championship	1-99			
Expert	1-99			
Over 40 Expert	900-999			
Clubman 2 stroke	100 - 199			
Clubman 4 Stroke	200 - 299			
Over 40 Sportsman	800-899			
Sportsman 2 Stroke	300 - 399			
Sportsman 4 Stroke	400 - 499			
Trail/Beginners*	500 - 599			

*Any bike will qualify for this class

Important all riders competing in ORPA events must have an ORPA day or Year licence.

Transponders. You can now own your own transponder for your rider number. (For full details of our transponder system, please see the members page of our website.) If you are changing class and own transponders please return them to us so we can exchange (no fee) for your new number.

Track n Trail Membership: All prices are inclusive of VAT @ 15%. Reg No 864 328 70

Please Tick below

I require ONLY membership with Track n Trail £20

OR

I require membership AND High Speed Transponders £40

I enclose a cheque for £ Payable to TnT.Track n Trail Ltd.

ORPA Annual Licence

If you require an ORPA licence please tick this box. We will send you an ORPA application form with your membership. The completed form and £12 fee will then need to be returned directly to ORPA. (new ORPA licences for members of Track n Trail starting from October 09 will be valid until the end of 2010)

SIGNATURE _____

Date _____

TnT:Track n Trail Ltd

P.O. Box 5677, Wimborne, Dorset BH21 3ZT

Tel Mike 01202 600675 Visit www.trackntrail.biz email Mike@trackntrail.biz



MEDICAL QUESTIONNAIRE

For named member _____

1. Have you ever suffered from the following or any other serious illness?

Polio	YES/NO	Asthma	YES/NO
Pneumonia	YES /NO	Fainting	YES/NO
Meningitis	YES/NO	Epilepsy	YES/NO
Attacks	YES /NO	Tuberculosis	YES/NO
Convulsions	YES/NO	Nerves	YES/NO
Heart/Blood Disorder	YES/NO	Other Illnesses	YES/NO*

*Please give details _____

2. Are you suffering from any Illness at the moment YES/NO
If YES please give details _____

3. Do you have any vision defect YES/NO
If YES please give details _____

4. Do you wear spectacles? YES/NO

5. Do you have any condition which affects arm or leg movements? YES/NO
If YES please give details _____

6. Do you have any false or missing limbs YES/NO

7. Please give name and address of family doctor:

Doctors Name _____

Address _____

I certify that the above facts are true to the best of my belief and there is no known medical reason that would debar me from entering the O.P.R.A. event overleaf.

Signed _____ Date _____

These details are strictly confidential, your doctor will not be contacted without your prior knowledge and in any event where there may be a medical query.