

# MOTOVUDU WILDCARD

# ENTRY FORM



NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RACE EXPERIENCE: \_\_\_\_\_

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PLEASE WRITE 200 WORDS ON WHY YOU WANT TO WIN THE MOTOVUDU WILDCARD RIDE IN THE EUROPEAN JUNIOR CUP 2012 AND ATTACH TO THIS ENTRY FORM.

SIGNATURE (if under 18 yrs signature of Parent/Guardian) \_\_\_\_\_



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