# CLASSIC & ENTHUSIASTS MOTOR CYCLE CLUB of NSW Inc. CENTRAL WEST BRANCH



### 42ND ORANGE RALLY 15th & 16th FEBRUARY 2025

## **ENTRY FORM**

### **INTERACTIVE PDF**

Entry No.

CLUB USE ONLY

ENTRANT: PLEASE COMPLETE SEPARATE FORM FOR EACH RIDER

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Name:										
Street:	eet: T				Town:					
Club:	Postcode			Phone:						
Email:										
ACCOMPANYING FAMILY AND FRIENDS				Adult Child				Child		
MACHINE ENTERED										
Make	Make Model		Year		Capacity So		ıtfit	Registration		
FEES			C	COST EACH		NUMBER		TOTAL		
Saturday Lunch per Person				\$25						
Saturday Night Dinner and Presentation (BYOG)				\$35						
Accommodation - Bunk Room - Friday Night				\$25						
- Saturday Night				\$25						
Accommodation - Camp Site - Friday Night				\$15						
- Saturday Night				\$15						
Raffle Tickets (\$2.00 Each)				\$ 2						
Entry Fee inc. Polo Shirt (specify size) Per Machine				\$40						
Entry Fee without Polo Shirt				\$20						
Additional Polo Shirt (specify size)				\$26	l for					
Shirt Size ( ) S M L L XL XXL entrants received after				r the closing date.		TOTA	L			
<ul> <li>INDEMNITY STATEMENT: In consideration of my entry and participation, I agree:</li> <li>(1) To be bound by all rules, regulations and directions of the Classic and Enthusiasts Motor Cycle Club of New South Wales Inc.</li> <li>(2) That I enter and participate at my own risk, and follow COVID safe rules of the Club.</li> <li>(3) That my machine/s carry full or conditional registration.</li> <li>(4) That my machine has full Comprehensive or Third Party Insurance Cover.</li> <li>(5) To indemnify and keep indemnified jointly and severally the Classic and Enthusiasts Motor Cycle Club of New South Wales Inc., its members, organising committee and its sponsors from and against any and all liability, for personal injury and or damage to property whether out of or in conjunction with my entering and participating in the Rally.</li> </ul>										
Signed:			Date	:						
PAYMENT BY CHEQUE: CEMCC of NSW, Central West Branch PAYMENT BY EFT: Central West CEMCC, CBA BSB: 062-587 Account: 00930723 Please reference with initial and surname										
Please indicate if you require breakfast for catering purposes.   Saturday Morning \$5 Payable on the day  Sunday Morning \$5 Payable on the day										

#### TO RETURN FORM