BETHEL SUPERCROSS FAX FORM

FAX TO: 203-798-7023

DATE OF RACE: _ (dd-mmm-yy) format

RIDER'S NBL# AGE CLASS

RIDER'S NAME

PLATE NUMBER STATE

DATE OF BIRTH (dd-mmm-yy) format EXP DATE (dd-mmm-yy) format

POINTS TROPHY

RIDER'S NBL# AGE CLASS

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