

**SCOTTISH YOUTH MOTOCROSS CLUB
ANNUAL MEMBERSHIP APPLICATION
2008**

(Please complete in BLOCK CAPITALS)

FULL NAME (S) _____

ADDRESS _____

POST CODE _____ **TEL.NO.** _____

AGE(AT 01/01/08) _____ **D.O.B.** _____

I agree to be bound by the clubs rules and constitution.

RIDERS SIGNATURE(S) _____

SIGNATURE OF PARENT OR GUARDIAN

(if rider is under 18 years) _____

RIDER No _____ **MAKE OF BIKE** _____ **C.C.** _____

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS, WHICH MAY ASSIST THE CLUB OR FIRST AID IN CASE OF EMERGENCY.

**** If you require a SACU LICENCE FORM please enclose a SAE with stamp on. YOUTH _____. ADULT _____**

Please complete and return this form with your remittance of £20.00 annual fee to;

COMPETITION SECRETARY

WENDA BRYCE

3 WATT PARK

NEWTONGRANGE

EH22 4QX

TEL: 01875 821784

CLUB USE ONLY (cheques should be made payable to Scottish Youth MCC)

Date received: _____ **Cash/Cheque:** _____

Membership No: _____ **Licence No:** _____