

Photo



European Biketrial Union
International Observer Registration Form

Name.....

Nationality.....

Date of birth.....

Address.....

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Telephone number.....

E-mail address.....

Declaration

I wish to be registered as an international observer with the European Biketrial Union and I confirm that I have at least two years experience observing in my country at a national level. I am also familiar with the International Technical Rules issued by the Biketrial International Union.

Signed.....

Print name.....

Countersigned by E.B.U. national delegate.....