



# 2018 TEAM ROSTER

**CHECK OFF:**

- INITIAL 2018 ROSTER
- UPDATE FOR 2018 ROSTER
- FACTORY TEAM ROSTER
- BIKE SHOP TEAM ROSTER

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_ TM PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**VERY IMPORTANT:** TAX ID # or SS # : \_\_\_\_\_

NAME OF RIDER	SERIAL NUMBER	RIDER / PARENT SIGNATURE

A COMPLETE ROSTER MUST BE SUBMITTED BY ALL NEW AND CONTINUING TEAMS