

CHECK OFF:
☐ INITIAL 2024 ROSTER
☐ UPDATE FOR 2024 ROSTER
☐ FACTORY TEAM ROSTER
☐ BIKE SHOP TEAM ROSTER

TEAM NAME:				
ADDRESS:				
CITY:			ZIP:	
TEAM MANAGER:		TM PHONE:	TM PHONE:	
E-MAIL:				
VERY IMPORTANT: TAX ID #				
IAME OF RIDER SERIAL NUMBER		RIDER / PARENT SIGNATURE		