

AMCA CHAMPIONSHIP COMMENTARY DETAILS FORM

PLEASE TAKE THE TIME TO FILL OUT THIS FORM TO HELP SUPPLYING THE CORRECT DETAILS FOR YOUR TEAMS ETC.

NAME;

HOMETOWN;

DATE OF BIRTH;

RACE NUMBER;

TEAM NAME;

TEAM MANAGER (IF APPLICABLE);

BIKE MANUFACTURER;

SPONCERS;

BEST CAREER SEASON RESULT;

GOALS & AMBITIONS;

LIFESTYLE & GENERAL INTERESTS;

FAVOURITE IDOL/RIDER;