



MODIFICATION SHEET

Actual Plate Number

New Plate Number (if changing)

Rider Information

Last Name: _____ First Name _____

(Complete address information only if missing or changing)

Address: _____

City _____ Province _____

Postal Code _____

Phone # _____ Date of Birth (D/M/Y) _____

Team _____ Sponsors _____

Event Information

- | | | |
|--|--|--------------|
| <input type="checkbox"/> Add an event | <input type="checkbox"/> Cross-country | Number _____ |
| | <input type="checkbox"/> Downhill | Number _____ |
| | <input type="checkbox"/> Dual/4-cross | Number _____ |
| <input type="checkbox"/> Withdrawing from an event | <input type="checkbox"/> Cross-country | Number _____ |
| | <input type="checkbox"/> Downhill | Number _____ |
| | <input type="checkbox"/> Dual/4-cross | Number _____ |

- | | |
|--|----------------------|
| <input type="checkbox"/> Category change | |
| Actual (listed) category | New category |
| <input type="text"/> | <input type="text"/> |

Other Information

- Correct Name spelling
 Add Sponsors
 Delete Sponsors

Comments: _____

Modification made by (print): _____ Date: _____

Forward this form to the timing company.