

XBR 3 DAY COACHING SUPER-CLINIC Sydney, AUST. January 6-8, 2009

COACHES INCLUDE: LUKE MADILL (AUSTRALIAN OLYMPIC TEAM) , GLEN CODEGA, ALEX CAMERON, BRETT SCRUSE, SARAH WALKER (NEW ZEALAND OLYMPIC TEAM), SAM COOLS (CANADIAN OLYMPIC TEAM) + INTERNATIONAL SUPER-COACH KEN COOLS (BMX NZ HP Coach)

COST: **\$165 EARLY BIRD DISCOUNT** (pay in full before OCTOBER 31st, 2008)

\$180 Pay in full AFTER OCTOBER 31st, 2008

Once Payment has been received you can check the XBR website to see that your place has been secured

HOW IT WORKS:

- 8am-1pm Coaching Each Day
- Drinks and light refreshments provided midway through session
- Spend time working with all the coaches
- Work in groups of around 10 riders
- 60 Places available - Sprockets - Parents
- Come and learn from the best and then put it all together in the XBR SUMMER SERIES

PLEASE FILL IN OUR ONLINE REGISTRATION AND PAYMENT AT www.xbr.com.au OR use the hard copy form below
If you registering 2 riders - you only need to fill out the top four lines of ENTRY FORM 2

YOU CAN FAX THIS FORM TO 03 9221 3380

2009 XBR COACHING SUPER-CLINIC ENTRY FORM

NAME OF RIDER: _____ AGE: _____
CLASSES RIDDEN IN LAST 12 MONTHS: _____
WOULD YOU CLASSIFY YOUR RIDING AS: GOOD FOR MY AGE / AVERAGE FOR MY AGE
HOW LONG HAVE YOU BEEN RIDING: _____
NAME OF PARENT (or Contact): _____
CONTACT HM PHONE: _____ MB PHONE: _____
EMAIL: _____
POSTAL ADDRESS: _____
I WOULD LIKE TO PAY BY: CHEQUE / BANK TRANSFER / CREDIT CARD (Visa & MC only), PAYPAL TOTAL: _____
(for Credit Card Payments Only : NAME ON CARD: _____
CARD NUMBERS: _____ EXPIRY: _____
PLEASE LIST ANY FOOD OR DRINK ALLERGIES? _____
If you have more than one child participating - just include a sheet of paper with answers to the top 4 lines
SEND TO: XBR, PO BOX 302, WARRANDYTE, VICTORIA, 3113, AUSTRALIA
Questions to: Gavin D Andrew 0412 246012 or editor@xbr.com.au

2009 XBR COACHING SUPER-CLINIC ENTRY FORM 2

NAME OF RIDER: _____ AGE: _____
CLASSES RIDDEN IN LAST 12 MONTHS: _____
WOULD YOU CLASSIFY YOUR RIDING AS: GOOD FOR MY AGE / AVERAGE FOR MY AGE
HOW LONG HAVE YOU BEEN RIDING: _____
NAME OF PARENT (or Contact): _____
CONTACT HM PHONE: _____ MB PHONE: _____
EMAIL: _____
POSTAL ADDRESS: _____
I WOULD LIKE TO PAY BY: CHEQUE / BANK TRANSFER / CREDIT CARD (Visa & MC only), PAYPAL TOTAL: _____
(for Credit Card Payments Only : NAME ON CARD: _____
CARD NUMBERS: _____ EXPIRY: _____
PLEASE LIST ANY FOOD OR DRINK ALLERGIES? _____
If you have more than one child participating - just include a sheet of paper with answers to the top 4 lines
SEND TO: XBR, PO BOX 302, WARRANDYTE, VICTORIA, 3113, AUSTRALIA
Questions to: Gavin D Andrew 0412 246012 or editor@xbr.com.au