

# NSW ERA TEAMS NOMINATION FORM

RIDE NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Host Zone Delegate: \_\_\_\_\_

## ZONE ONE

WEIGHT DIV

1/	
2/	
3/	
4/	

## ZONE TWO

WEIGHT DIV

1/	
2/	
3/	
4/	

## ZONE FOUR

WEIGHT DIV

1/	
2/	
3/	
4/	

## ZONE FIVE

WEIGHT DIV

1/	
2/	
3/	
4/	

## ZONE SIX

WEIGHT DIV

1/	
2/	
3/	
4/	

Please email form to [garryweis@yahoo.com.au](mailto:garryweis@yahoo.com.au) or fax to Attention: Garry on 9020 4190