



Sept 4, 5, 6, 2010

New England Regional CHANGES FORM

Name: _____

City: _____ State: _____

E-mail _____ Race # _____

I am entered into the: _____(Classes)

I would like to change to: _____(Classes)

Or My Bike in the _____ Class has changed to _____

Or Can I Change my # to _____ in the _____(Classes)

Other: _____

Or Circle One

Or I am not attending – I realize there are no refunds but wanted to notify you

Or

I am injured, my Dr.'s note is included, I am requesting a refund

Date: _____

FAX (ONLY) CHANGES TO 603-239-9956

Once you change classes – you may not be able to change back