

NMBRA

Rider Surcharge and Junior Racer Reimbursement Form

NMBRA Treasurer
PO BOX 36531
Albuquerque, NM 87176

Event Name: _____
Event Date/s: _____
Event Director/Promotor: _____

Rider Surcharge Calculation

Days	# of racers	rate/rider	Amount
Day 1	_____	1.00	_____
Day 2	_____	1.00	_____
Day 3	_____	1.00	_____
Day 4	_____	1.00	_____
Subtotal A			_____

Junior Racer Reimbursement Calculation

Days	# of Junior Racers	1/2 entry fee	Amount
Day 1	_____	_____	_____
Day 2	_____	_____	_____
Day 3	_____	_____	_____
Day 4	_____	_____	_____
Subtotal B			_____
Subtract Subtotal B from Subtotal A			_____

If you end up with a positive number please send this amount and a copy of the form to NMBRA.

If you end up with a negative number please send a copy of this form to NMBRA with your contact information and NMBRA will send you a check for the negative amount.

Name:
Event Name:
Phone Number:
Email:
Address: