



PATHFINDERS
TRIALS MOTORCYCLE CLUB

EFTPOS REQUEST FORM

RIDERS NAME	
AMOUNT DUE	\$

NAME ON CARD																	
CARD NUMBER																	
				/					/					/			
EXPIRY DATE																	
		/															
CVV NUMBER (ON REAR OF CARD)																	

One completed send this form to treasurer@pathfindertrialsclub.com.au for the payment to be processed.