



2025 FIM Oceania Women's Cup New Zealand Team Rider Application
Dandenong Motorcycle Club, Wonthaggi
22nd – 23rd March 2025
Applications close 5pm 20th January 2025

Motorcycling New Zealand is calling for Expression of Interest (EOI) from women riders to be a part of the New Zealand Team competing in the 2025 FIM Oceania Women's Cup to be held at Dandenong Motorcycle Club, 220 West Area Road, Wonthaggi (Victoria – Australia)

FIM Oceania and Motorcycling New Zealand will provide limited financial and administrative support for the team, but applicants are advised that there may be some rider contribution required in 2025, confirmation of rider expenses will be advised at a later date.

Riders selected for the New Zealand team, must hold a current New Zealand Passport and 15 years old or over on race day (22 March 2025).

Return completed Application Form to MNZ by 5pm 20th January 2025
 FIM/Oceania Women's Cup
 Email : gmo@mnz.co.nz

Personal Details (PLEASE USE BLOCK LETTERS)

First name:..... Surname:.....

Date of Birth:.....

MNZ Licence number:.....

Address:

City/Town: Postcode:

Mob phone:..... Email.....

Name of team/team manager(if applicable).....

Team Manager contact: Phone:..... email:.....

Declaration: I am aware of the rules and regulations governing the 2025 FIM Oceania Women's Cup and I have applied for a place in the New Zealand Team understanding these rules and regulations. I also acknowledge that I may not be selected and accept the selection panel's decision and be bound by the selection decision.

Conditions: I agree to the conditions specified on this form

Rider's Name:_____ Signature:_____

Date: _____

If the competitor is under the age of 18 years as at the date of signing this form, the form must also be signed by the parents/guardians of the rider in the space provided below.

Guardian Signature if under 18: _____

Guardian Name:_____ Mob. phone:_____

Date: _____

Rider Application Form Conditions:

- 1. I have been provided with access to a copy of the MNZ Selection Criteria for 2025 FIM Oceania Women’s Cup either directly or via www.mnz.co.nz I agree to comply with and be bound by the terms of that criteria.
- 2. I agree to be bound by:
 - a. the MNZ Constitution
 - b. the MNZ Manual of Motorcycle Sport and Policies including all anti-doping rules and policies
 - c. the rules of any International Competition that I attend with MNZ
 - d. Agree to wear all and any team apparel provided by MNZ at all times while present at the track or press opportunities, includes race jersey supplied by MNZ, or approved branded jersey.
- 3. I have met the eligibility requirements as specified in the MNZ Selection Criteria for 2025 FIM Oceania Women’s Cup.
- 4. I will notify MNZ of any changes to my contact details. I accept that any failure by me to do so may be to my detriment, as any announcement regarding selection of the New Zealand Motocross of Nations Team will be notified to me personally or to at least one of the contact addresses provided.
- 5. I agree MNZ may collect personal information about me for the purposes of consideration and selection.

Results obtained in New Zealand events such as the New Zealand Women’s Motocross Championship, New Zealand Motocross Grand Prix, New Zealand Veteran Motocross Nationals or other significant open Motorcycling New Zealand permitted events within New Zealand, will also be taken into consideration.

Performance Considerations – The following information will be taken into consideration during the selection process:

List performances 2023 and/or 2024 (New Zealand or Internationally)

Overall Result & Class: _____

Description of Performance _____

If you were unable to compete in the 2023 & 2024 New Zealand Championship please indicate reason(s): _____

I agree to a phone interview by a member(s) of the selection panel. I further acknowledge that I will accept the decision/selection(s) made by the selection panel.

If you part of a Team, please have the Team Manager sign this application.

Team Manager Name: _____ Signature: _____

Date: _____

Rider’s Name: _____ Signature: _____

Date: _____