

**MRAN POST EVENT REPORT**

REMIT BALANCE DUE WITH THIS REPORT **NO LATER THAN 16 DAYS** FROM THE DATE OF EVENT. ANY QUESTIONS OR DELAYS, PLEASE CALL THE MRAN REFEREE.

**Submit report to:** Michael Collins MRAN Treasurer  
8913 Colorful Pines Ave  
Las Vegas, NV (702) 219-9338

Club Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Type of Event: \_\_\_\_\_ Date of this Report \_\_\_\_\_

Dates Report(s) Mailed: BLM \_\_\_/\_\_\_/\_\_\_ Results \_\_\_/\_\_\_/\_\_\_

Total Number of: Big Bikes \_\_\_\_\_, Mini Riders \_\_\_\_\_, Quads \_\_\_\_\_

	Riders Entered	_____
(Minus)	Two Class Riders	_____
(Minus)	#1 Plate Entries	_____
(Minus)	MRAN Officer Entries	_____

Race Entries \_\_\_\_\_

**MRAN Expense Items:**

MRAN Fee \$10.00 x # of paid riders = \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

**Balance Due to MRAN: (Make check payable to MRAN)** \$ \_\_\_\_\_

Comments/Problems (i.e. BLM, Legal, Serious Injury): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted By:**

Club Name: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_= \_\_\_\_\_

Officer Signature: \_\_\_\_\_