

# Letkebridge Motorsports Park Registration Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Signing this you are registering to compete at 5150 Speedway and will comply with the published rulebook and track policies. Failure to comply will result in revoking registration privileges

Parent/Guardian (if under 18): \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

KART CLASS: \_\_\_\_\_

KART NUMBER: \_\_\_\_\_

## Emergency Contact Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Membership Payment

Date

Amount

Initials

\_\_\_\_\_ /

\_\_\_\_\_ /

\_\_\_\_\_ /

## Pit Stall Payment

(Must supply your own sign)

Lot # \_\_\_\_\_

Payment: \_\_\_\_\_