

# 2017

## Membership Application



- New /  Renewal  
 **Member Fee: \$75.00**  
 Single Event Membership Fee: \$20.00  
 Number kits available thru Kart Graphix  
[www.kartgraphix.com](http://www.kartgraphix.com)

Membership includes Online Rulebook & Technical Manual, ,  
 Membership card, T-Shirt & Stickers.  
**Membership term is January 1<sup>st</sup> 2017 to January 1<sup>st</sup> 2018**

**Permanent Kart Numbers available #1- #200 on a first come first serve basis list four choices**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

### Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

**Class Type** *Check All That Apply* **Track Type**  
 2-Cycle  4-Cycle  Shifter  TAG  Sprint  Oval  Enduro  Dirt

Previous Racing Experience: \_\_\_\_\_  
 (Use Back of Page if More Room is Needed)

### Emergency Medical Information

In case of emergency contact:  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_  
 Emergency Medical Data: \_\_\_\_\_

### Applicant Signature

All information contained in this application for membership is true and correct. Applicant understands that motor racing can result in personal injury or death. Applicant accepts these risks associated with this form of motor competition and by signing this application, agrees not to sue or hold liable TAG Racing International, Championship Enduro Series, its owners, board members, officials, staff, sponsors, promoters, participants, or lessees.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**If Applicant is a Minor under 18 years of age, a Minor's Release Must Be Signed and a Photocopy of the Minors certified birth certificate must be submitted with this application to remain on file**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THESE ARE ADULT SIZES**

Shirt Size (circle one) S M L XL XXL XXXL

Jacket Size (circle one) S M L XL XXL XXXL

**Return to:** TAG Racing Int.  
 PO BOX 759  
 Antioch, IL 60002  
 Phone: Office:--1-847-395-1124...Dave  
 Fax: 1-847-395-1124  
 Cell: 1-847-395-1100

VISA / MC / DISC / Am Ex# \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_ CVV2 Code: \_\_\_\_\_  
 E-Mail----- [gempro001@aol.com](mailto:gempro001@aol.com) Website----- [www.championshipenduro.com](http://www.championshipenduro.com)