



# 2017 -Adult Racer License Application

**TRACK FEE \$60 - ANNUAL**

Name:  AMA #:

Racer #:  Division Raced in 2015

Birthdate:  Cell #:

Address:

City:  State/Zip

E-Mail Address:

Home Phone:  Work Phone

### IN CASE OF EMERGENCY:

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### MEDICAL INSURANCE INFORMATION

Insurance Carrier:	<input type="text"/>	
Policy #:	<input type="text"/>	<input type="text"/>
		For office use

*I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.*

**Applicant's Signature**

**Dated**