

2017 -Junior Racer License Application

17 years & under

TRACK FEE \$40 - Annual



Racer's Name: AMA#:

Racer # Division Raced in 2015

Dad's Name Mom's Name

Dad's Cell Mom's Cell:

Home Number Birthdate:

Address:

City: State/Zip:

E-Mail Address:

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