JOLLY ROGER MOTO-SPORTS PARK INC.
2008 MEMBERSHIP

Please fill out and return ASAP

NAME:_____
LAST FIRST

ADDRESS:_____
STREET P O BOX

_____
CITY STATE ZIP CODE

BIRTHDAY_____PHONE #: (___)_____
HEATH INS:_____POLICY #:_____
CLASS:_____RACE #:_____
BRAND:_____CC'S_____
T SHIRT/JACKET SIZE:_____

CLASS CHOICES:

50 (4-6)	50 (7-8)	50 OPEN		50 4 STROKE
65 C (7-9)	65 C (10-11)	65 B (7-9)	65 B (10-11)	65 OPEN (12 and Under)
85 C (7-11)	85 C (12-15)	85 B (7-11)	85 B (12-15)	85 A (7-15)
SUPER MINI 85CC TO 4 STROKE 150CC		GIRLS (65-105)		WOMEN (80-250)
125 YOUTH C		125 YOUTH B		125 YOUTH A
125 C		125 B		125 A
250 C		250 B		250 A
OPEN C		OPEN B		OPEN A
25 + C	25 + B	30 + C	30 + B	30 + A
35 + C	35 + B	40 + C	40 + B	40 + A
50 + SUPER HERO		BBQ KINGS		CHERRY BOMBS

Membership dues $65.00 by mail $75.00 at track.

IN MY APPLICATION FOR AND ACCEPTANCE OF A JOLLY ROGER MOTO- SPORTS PARK INC. RACING CLUB MEMBERSHIP, I ACKNOWLEDGE THE RISK OF INJURY TO MY PERSON AND PROPERTY WHILE PARTICIPATING IN JOLLY ROGER MOTO-SPORTS RACING EVENTS. I WILL RELY UPON MY OWN JUDGEMENT AND ABILTIY WHILE PARTICIPATING IN SUCH EVENTS ASSUME ALL RISK OR INJURY OR DAMAGE ARISING OUT OF SUCH PARTICIPATION. I WILL NOT SUE OR MAKE ANY CLAIM WHATSOEVER AGAINST JOLLY ROGER MOTO- SPORTS PARK INC. OR THE ORGANIZERS OF SUCH EVENTS AS A RESULT OF PARTICIPATION.

_____
Signature of Rider

Minors: a copy of riders Birth Certificate must accompany this form.
COMPLETED FORMS WITH CHECK TO:
JOLLY ROGER MOTO-SPORTS PARK INC.
PO BOX 333
LEMPSTER, NH 03605

ALL COMPETITORS MUST HAVE MEDICAL INSURANCE