



WEEKEND MEMBERSHIP FORM

2020 CSRA COMPETITION WEEKEND APPLICATION
PLEASE PRINT NEATLY!!!!

Weekend Memb.

Office Use Only!	PAID
Mylaps	RaceDay

FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT# _____

CITY _____ PROVINCE/STATE _____

POSTAL CODE/ZIP _____ DATE OF BIRTH _____ MINOR?

M M D D Y Y

COPY OF BIRTH CERT. IF UNDER 18YRS

PHONE # (IN CASE EVENT IS RESCHEDULED)
() ---

AGE

SEX (M OR F)

MOBILE PHONE #
() ---

EMAIL ADDRESS _____

Name of Guardian (if a minor): _____

LIST SPONSORS _____
(Limit to Top 2)

Choice of Race # (Two Digit race numbers reserved for Pro Lite and Pro Riders ONLY!)
First Choice: [][] Second Choice: [][] Third Choice: [][]

- BRAND:**
- Arctic Cat
 - Polaris
 - Ski Doo
 - Yamaha
 - Kawasaki
 - Honda
 - KTM
 - Husqvarna
 - Can/Am

- RACER DIVISION: Adults only**
- 1st Yr Adult Trail Sport
 - Sport
 - Pro Lite
 - Pro
 - SnowBike
 - UATV

- MINORS ONLY**
- Novice
 - Transition
 - Junior
 - Junior/Novice
 - 120

Adult >17 yrs old Weekend Member:
120cc Weekend Membership :
Snowbike Weekend Racer Membership:
UATV Weekend Racer Membership:

CSRA	_____
84.75	_____
28.25	_____
28.25	_____
28.25	_____

Total \$ _____

Cardholder Name: _____

Credit Card #: _____

We accept

Visa and Mastercard

Expiry Date: _____

CVC code : _____

I give authorization for Avann Racing Inc./CSRA to charge my credit card.

Signature of Cardholder: _____