



2021 CSRA COMPETITION MEMBERSHIP APPLICATION

PLEASE PRINT NEATLY!!!!

**** one form for each crew**

Annual Crew

CREW MEMBERSHIP

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

CREW TO WHICH RACER: **Name:** **Racer#:**

CSRA

Mandatory Annual Crew Membership : @ \$150.00 plus \$19.50 HST **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:

Phone 905-722-7771

Online at: www.snowcross.com

Email to: info@snowcross.com
Fax: 1-866-533-1435