



2022 CSRA COMPETITION MEMBERSHIP APPLICATION
PLEASE PRINT NEATLY!!!!

Annual Racer

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

PHONE # (IN CASE EVENT IS RESCHEDULED) _____ AGE _____ SEX (M OR F) _____

COPY OF BIRTH CERT. IF UNDER 18YRS

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	<input type="checkbox"/>
Polaris	<input type="checkbox"/>
Ski Doo	<input type="checkbox"/>
Yamaha	<input type="checkbox"/>
Kawasaki	<input type="checkbox"/>
Honda	<input type="checkbox"/>
KTM	<input type="checkbox"/>
Husqvarna	<input type="checkbox"/>
Can/Am	<input type="checkbox"/>

RACER DIVISION: ADULTS

1st Yr Adult	<input type="checkbox"/>	Trail Sport
	<input type="checkbox"/>	Sport
	<input type="checkbox"/>	Pro Lite
	<input type="checkbox"/>	Pro
	<input type="checkbox"/>	SnowBike
	<input type="checkbox"/>	UTV

MINORS ONLY

<input type="checkbox"/>	Novice
<input type="checkbox"/>	Transition
<input type="checkbox"/>	Junior
<input type="checkbox"/>	Junior/Novice
<input type="checkbox"/>	120

Annual Racer Membership :	@ \$200.00 plus \$26.00 HST	<input type="checkbox"/>	226.00	282.50	_____
120cc/Snowbike/UTV Annual Racer Membership - @ \$100.00 plus \$13HST		<input type="checkbox"/>	113.00	169.50	_____
			Total \$		_____

To reserve your Current Race # for 2022 - Please sign up BEFORE October 1ST
*****After November 1st, membership fees increase \$50**

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: _____



2022 CSRA COMPETITION MEMBERSHIP APPLICATION

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Annual Crew

Please use 1 form for each Crew Member

CREW MEMBERSHIP

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FIRST NAME LAST NAME

ADDRESS APT#

CITY PROVINCE/STATE

POSTAL CODE/ZIP DATE OF BIRTH Adults only

M M / D D / Y Y

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