



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

Annual Racer

<b>Office Use Only!</b>	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  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
<input type="checkbox"/>	110 Snowbike

Annual Racer Membership :	@ \$250.00 plus \$32.50 HST	\$ 282.50	<input type="text"/>
120cc/Snowbike/UTV Annual Racer Membership - @ \$150 plus \$19.50 HST		\$ 169.50	<input type="text"/>
		<b>Total \$</b>	<input type="text"/>

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 CREW MEMBERSHIP APPLICATION

PLEASE PRINT NEATLY!!!!

Annual Crew

Please use 1 form for each Crew Member

CREW MEMBERSHIP

Office Use Only!	PAID
Mylaps	RaceDay

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](http://www.snowcross.com)

Email to: [info@snowcross.com](mailto:info@snowcross.com)  
Fax: 1-866-533-1435