



2019 Calendar Year Club Membership Form

Racer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: _____

Email: _____

May we use the above information on club roster? _____ Yes _____ No

Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone: () _____

Medical Conditions (if any): _____

\$30 Adult Racer _____

\$25 Child Racer (Jr II or lower) _____

\$10 Non-Racer

Name: _____

Name: _____

Name: _____

Amount Paid \$ _____

By becoming a member of the Cascade Karting Association, I and my family members applying agree to abide by the rules and policies as set forth by the Cascade Karting Association. Failure to do so can result in disqualification, suspension, and forfeiture of points, trophies, and/or money won.

Signature: _____ Date: _____

For Official Use Only: Paid Cash _____ Check # _____ Member Numbers: _____