

BEN HUR SPEEDWAY RACER APPLICATION
PO BOX 182 CRAWFORDSVILLE, INDIANA 47933

NAME: _____

MAILING ADDRESS: _____

CITY AND STATE: _____ ZIP CODE: _____

PHONE: () _____ CEL # () _____ WORK () _____

E-MAIL ADDRESS: _____

1st POINTS CLASS: _____

*PREFERRED KART NUMBER (S) 1st _____ 2nd _____ 3rd _____

2nd POINTS CLASS: _____

*PERFERED KART NUMBER (S) 1st _____ 2nd _____ 3rd _____

3rd POINTS CLASS: _____

*PERFERED KART NUMBER (S) 1st _____ 2nd _____ 3rd _____

4th POINTS CLASS: _____

*PERFERED KART NUMBER (S) 1st _____ 2nd _____ 3rd _____

MEDICAL CONCERNS: _____

MEDICAL INSURANCE COMPANY: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: () _____ RELATIONSHIP: _____

SIGNED: _____ DATE: _____

CLUB MEMBERSHIP: I, _____ would like an application for Club Membership In to Ben Hur Speedway, Crawfordsville. I am willing to abide by the BYLAWS and RULES of the CLUB as they are so set up. I agree to help with ALL ACTIVITIES of the CLUB, as prescribed by the Club President and Chairman of Such Activities Committees.

SIGNED: _____ DATED: _____

***TRACK ASSOCIATE MEMBERS:** There is a \$5.00 annual fee for Associate Membership. Associate Members may reserve numbers and accumulate championship points during the season. **YOU MUST BE MEMBER** to compete at BEN HUR SPEEDWAY. (Except : For The Indiana State Dirt Track Championship or other Special Events.)

***NUMBER FEE:** There is a \$5.00 per class, per number fee, to reserve your number for the year.

DATE RECEIVED: _____ BY: _____ AMOUNT RECEIVED: _____ cash check #