



2025 Club Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

May we use the above information of the club roster: Yes _____ No _____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone: _____

Medical Conditions (if any): _____

Transponder \$180 _____

Adult Racer \$50 _____

Child Racer (Jr 2 or lower) \$30 _____

Non-Racers \$10 _____

Total: _____ Cash or Card: _____ Paid: _____

By becoming a member of the Cascade Karting Association, I and my family members are applying 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: _____