

CHAMPIONSHIP KART RACING ASSOCIATION 2007 MEMBERSHIP APPLICATION

NAME: _____ Do you need new membership card? Y N

(Master Member -Please list all secondary members under additional family members.)

STREET ADDRESS: _____

CITY, ZIP: _____

PHONE NO.: _____

E-MAIL ADDRESS: _____

SPOUSE: _____

ADDITIONAL FAMILY MEMBERS _____

DRIVER'S NAME(S) AND KART NUMBER(S) _____

EMERGENCY NAME: _____

CONTACT PHONE NO.: _____

RELATIONSHIP: _____

CLASS _____ 50cc Kid Kart
_____ Briggs Restricted Jr _____ Cadet Jr Sportsman (80cc Cadet)
_____ Briggs Jr Sportsman _____ Junior Supercan
_____ Briggs Animal Claimer Class _____ Senior Sportsman

I AGREE TO FOLLOW THE RULES AND REGULATIONS OF CKRA.

X _____

CKRA may release your name and address to our sponsors in exchange for their support- Your information will not be released to anyone other than the companies who sponsor CKRA. If you do not want your name/address released, please initial here. _____

OPTIONAL INFORMATION Years of karting/racing experience _____

Are you looking for equipment? Y N _____ Do you need help getting started? Y N _____

How did you find us? _____

FEE: \$20.00 per family or individual

Mail with check or money order
made payable to CKRA to

John Burton
1033 Elmwood
Willoughby, Ohio 44094

Received by: _____

Date: _____

Membership No. _____