

KRC RACING CLUB

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Name*: _____

Address*: _____

City*: _____ Postal Code*: _____

Email*: _____

Mobile*:(_____) _____ DOB(juniors) _____

***REQUIRED FIELDS**

Season Year__2016/2017_____

Description	Quantity	Price	Cost
Adult Membership*		\$ 60	
Junior Membership*		\$ 30	
Family Membership* **		\$ 75	
		Total	

**A family is considered two adults, married or common law, and minors aged 12 to 18 yrs old, that you are the legal guardians of, all family members that are to race under the Family Membership must fill out a separate membership form at the time of purchase.

I have read and understood the club rules, regulations and code of conduct

Signed: _____ Date: _____

Under 16 parents signature: _____ Name: _____

EXECUTIVE Signature: _____ Membership# _____

