



MEMBERSHIP FORM

PLEASE PRINT CLEARLY AND FILL OUT ALL SPACES

RACER NAME- _____

ADDRESS- _____

CITY _____ STATE- _____

RACER BIKE SIZE- _____

RACER BIKE BRAND- _____

EMAIL _____

PHONE - _____

LEGAL CUSTODIAL PARENTS' NAMES (IF MINOR UNDER 18 YEARS OF AGE)

EMERGENCY CONTACT INFORMATION-

1. _____

2. _____