



2019 -Adult Racer License Application

TRACK FEE \$60 - ANNUAL

AMA # AMA ExpirationDate :

Must present current AMA card to turn in Industry application

Name: AMA #:

Racer #: Division Raced in 2018

Birthdate: Cell #:

Address:

City: State/Zip

E-Mail Address:

Home Phone: Work Phone

IN CASE OF EMERGENCY:

Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL INSURANCE INFORMATION

Insurance Carrier:

Policy #: For office use

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Applicant's Signature

Dated