



2020 -Adult Racer License Application

TRACK FEE \$60 - ANNUAL

AMA # AMA Exp Date :

Must present current AMA card to turn in Industry application

Name:

Racer #: Division Raced in 2019

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:	<input type="text"/>	
Policy #:	<input type="text"/>	<i>For office use</i>

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

Date