

SKRA MEMBERSHIP APPLICATION - 2008

1st Member \$85 \$ _____
Each additional member \$15 (same family¹) \$ _____
Total \$ _____

¹Immediate family residing at the same address and children under the age of 21
Applicants must be at least 5 years of age to be SKRA members

A. MAILING ADDRESS:

NAME _____ PHONE # () _____ - _____ HOME
ADDRESS _____ PHONE # () _____ - _____ WORK
CITY/STATE/PROV _____ ZIP CODE _____ - _____
EMAIL _____

B. DRIVERS:

NAME _____ DATE OF BIRTH ____/____/____
OCCUPATION _____ KART # DESIRED (if available): (1st) _____ (2nd) _____
CLASS _____

NAME _____ DATE OF BIRTH ____/____/____
OCCUPATION _____ KART # DESIRED (if available): (1st) _____ (2nd) _____
CLASS _____

NAME _____ DATE OF BIRTH ____/____/____
OCCUPATION _____ KART # DESIRED (if available): (1st) _____ (2nd) _____
CLASS _____

C. FAMILY MEMBERS:

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

THE FOLLOWING MUST BE FILLED OUT FOR APPLICANTS UNDER 21 YEARS OF AGE

I, undersigned, do hereby state that _____ Age _____ is in apparent good health and physically able to participate in the strenuous activities of kart racing at sea level and altitudes up to 7000 feet with such activities further stressed by exposure to conditions of humidity and temperatures. Further, it is also stated that the above named minor is not subject to fainting, loss of balance, loss of muscular coordination, and in general free of other physical ailments that could be aggravated by the stress of driving in kart competition events thereby placing himself, competitors, spectators, and others in attendance in jeopardy of injury. Further, pursuant to the best interests of the above named minor, competitors, spectators, and other attendants at kart competition events, there is no intent to conceal a possible condition when such revelation would be ample cause for SKRA to withhold the issuing of membership, or in any way ratify the participation of said minor in karting events sanctioned by SKRA.

LAST DATE OF PHYSICAL _____ PARENT/GUARDIAN SIGNATURE _____

MAIL COMPLETED APPLICATION TO: SKRA P.O. BOX 9549, SPOKANE WA 99209