



2019 Membership Application Membership Fee is for the 2019 calendar year (\$40 if paid on or before May 20th, \$60 if paid after May 20th)

Members Info: First [text box]

Last [text box]

Birthday [text box]

If you are, or will be between the ages of 14-17 during the 2019 season and will be in the Pit Area you are required to complete the Minor Waiver form.

Form must be signed by your parents(s) or legal guardians(s) & notarized.

Mailing Address: City [text box]

State [text box]

Zip [text box]

Contact Info: Phone [text box]

E-Mail [text box]

Do you wish to receive newsletters and/or membership meeting notifications by e-mail? Yes No

Membership: Were you a member in 2018? Yes No

Payment Method Cash Check Card Date [text box]

Signature: _____



2019 Driver Information

Members Info: First Last

Years Racing Class Hometown

Car Info: Sponsorships & Special Thanks

Number Make Model

Emergency Contact Info: First Last

Phone Relationship

Additional Medical information

I do hereby release the above information and any photos of the above named driver and race car for use in publicity of the Mitchell Raceway and GFRA.

Signature: _____