



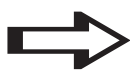
Date

Size cc

Race #

- Hon Yam Kaw
 Ktm Suz _____

Name



Emergency Contact Name: Telephone #

65cc	85cc	150fcc	125cc 2 stroke	250	450
<input type="checkbox"/> Beg <input type="checkbox"/> Advanced	<input type="checkbox"/> Beg <input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Expert	<input type="checkbox"/> Beg <input type="checkbox"/> Advanced	<input type="checkbox"/> Beg <input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> (Adult)	<input type="checkbox"/> Beg <input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Pro	<input type="checkbox"/> Beg <input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Pro
Vet (age 30+)	40+ (age)	50+ (age)	60+ (age)	65+ (age)	2nd class
<input type="checkbox"/> Beg <input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Pro	<input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Expert <input type="checkbox"/> Pro	<input type="checkbox"/> Novice <input type="checkbox"/> Int <input type="checkbox"/> Expert <input type="checkbox"/> Elite	<input type="checkbox"/> Int <input type="checkbox"/> Expert	<input type="checkbox"/> Int <input type="checkbox"/> Expert	<input type="checkbox"/> Open Nov <input type="checkbox"/> Open Int <input type="checkbox"/> Open Vet <input type="checkbox"/> _____

Motocross racing is dangerous and can result in serious injury or death. REM does not provide medical insurance coverage of any type. REM recommends that you provide medical insurance for yourself and or your minor child before attempting to ride or compete.

Non-Member

(Complete the section below)



Age	Date of Birth	Telephone #	STAFF ONLY License or identification
		()	
Address			
City			
		State	Zip

Sponsor Info:

20	35
40	45