

SUSQUEHANNA QUARTER MIDGET RACING ASSOCIATION (SQMRA) MEMBERSHIP APPLICATION

_____ Annual Membership: \$150 (includes 2 handlers) *Additional Handler's: \$20 each

**USAC membership is mandatory and is in addition to SQMRA Annual Membership fee - Visit www.usac25license.com to sign up with USAC for insurance purposes. All handler's (parents/add'l handlers) and drivers must be included on your USAC application.

**** ADDITIONAL \$300 BUYOUT OPTION FOR WORK DUTIES. Please include with membership application to avoid being added to job duty list and to avoid fines if work duties are not completed.

Parent/Guardian Name #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Parent/Guardian Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Driver #1:

Name: _____ M/F: _____ D.O.B.: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest Animal Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Driver #2:

Name: _____ M/F: _____ D.O.B.: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest. Animal Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Driver #3:

Name: _____ M/F: _____ D.O.B.: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest Animal Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Additional Handler #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Additional Handler #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

As a member/parent/handler/driver of SQMRA, I/we agree to comply with the rules and regulations of SQMRA and USAC and I/we are solely responsible to read such rules.

Parent #1 Signature: _____ Date: _____

Print Name: _____

Parent #2 Signature: _____ Date: _____

Print Name: _____

Driver #1 Signature: _____ Date: _____

Print Name: _____

Driver #2 Signature: _____ Date: _____

Print Name: _____

Driver #3 Signature: _____ Date: _____

Print Name: _____

Handler #1 Signature: _____ Date: _____

Print Name: _____

Handler #2 Signature: _____ Date: _____

Print Name: _____

Each family will be required to completed 4 job duties during the 2020 season. Circle your top 3 job duty choices. You will be able to sign up for a date/job duty that fits your schedule.

BUY OUT (fee must be included) Opening Track Sign-ins Closing Track

Pit Steward Tower Concessions/Fundraising Arrive & Drive 50/50

**** PLEASE INCLUDE A COPY OF EACH DRIVERS BIRTH CERTIFICATE ALONG WITH THIS APPLICATION****

MAIL PAYMENT AND DRIVERS BIRTH CERTIFICATE(S) TO:

KRIS RUPPERT 772 HECK HILL ROAD LEWISBERRY, PA 17339 CELL: 717-798-0785

QUESTIONS CALL: JOSH HENISE (President) 717- 577-4829 LINDSAY RICHMOND (Secretary) 717-440-4335