

# CKRA Annual Membership Application

## Primary Member Information

|                              |  |                                  |       |
|------------------------------|--|----------------------------------|-------|
| Name                         |  | Year                             | 2024  |
| Address                      |  | City                             | State |
|                              |  |                                  | Zip   |
|                              |  |                                  |       |
| Phone                        |  | E-Mail                           |       |
| Are you a new Member         |  | Do you need help getting started |       |
|                              |  |                                  |       |
| How did you hear about CKRA? |  |                                  |       |

## Emergency Contact(s) Information

| Name | Phone Number | Relationship |
|------|--------------|--------------|
|      |              |              |
|      |              |              |

## Additional Immediate Family Member(s) (Living in the same household)

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |

## Driver(s) Information

| Name | DOB | Class | Kart # |
|------|-----|-------|--------|
|      |     |       |        |
|      |     |       |        |
|      |     |       |        |
|      |     |       |        |
|      |     |       |        |
|      |     |       |        |

Proof of age in the form of a birth certificate is required for all drivers under 18.

## Driver Classes

| Ages 5-8 | Ages 8-12     | Ages 12-15     | Ages 15+       | Ages 35+    |
|----------|---------------|----------------|----------------|-------------|
| Kid Kart | 206 Cadet     | 206 Juinor     | 206 Senior     | 206 Masters |
|          | 2 Cycle Cadet | 2 Cycle Junior | 2 Cycle Senior |             |

I (we) have read and agree to follow the CKRA rules and regulations.

X \_\_\_\_\_

## Fees

Annual Household Membership - **\$50.00** (\$35.00 if paid by mail in advance of first event)

Mail completed form and payment to:

**James Denholm - 7153 Farnham Dr Mentor, OH 44060**

## For Office Use Only:

|             |  |      |  |
|-------------|--|------|--|
| Received by |  | Date |  |
|-------------|--|------|--|