	CKR	A Annual Men	nbership A	pplication		
		Primary Mem	ber Information			
Name				Year		
A	Address		City		Zip	
Phone		E-Mail				
Are you a new Memb	ber	Do you	Do you need help getting started			
How did you hear ab	out CKRA?					
		Emergency Cor	tact(s) Informa	tion		
	Name		Phone Number		Relationship	
A		nediate Family Mem	ber(s) (Living i			
	Name		Relationship			
					_	
		Driver(s)	Information			
	Name		Driver(s) Information  DOB		Kart #	
			-	Class		
	Proof of age in	n the form of a birth cert	ificate is required	for all drivers under 1	8.	
		Drive	Classes			
Ages 5-8		Ages 8-12	Ages	12-15	Ages 15+	
Kid Kart		206 Cadet	206 J	unior	206 Senior	
		2 Cycle Cadet	2 Cycle	Junior	2 Cycle Senior	
I (we)have read an	nd agree to fo	llow the CKRA rule	s and regulation	ns.		
X						
			ees			
Annual Househol	d Membersh	· ·	<u> </u>	mail to the addres	ss below)	
	, -	Mail completed for				
	James D	enholm - 7153 Farr		tor, OH 44060		
Possived by		For Office	e Use Only:	Deta		
Received by				Date		