



2016 Number Application Form

Print Clearly

NAME: _____ AGE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ - _____

SIGNATURE: _____

BOTH PARENT SIGNATURE: _____
(BOTH PARENT SIGNATURE REQUIRED FOR ENTRENENTS UNDER 18 YEARS OLD)

E-MAIL _____ @ _____

OFFICIAL USE ONLY

Date Received: _____

Number Issued: _____

NEW RIDIER

PRE-PAID:

CASH:

APPROVED BY:

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Parental or Guardian
waiver signed by both parents

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<p>LAST YEAR Race Number _____</p> <p>_____ (Number Requested)</p> <p>_____ (2nd Choice)</p> <p>_____ (3rd Choice)</p>	<p style="text-align: center;"><u>Bike Information</u></p> <p>Year of Bike: _____</p> <p>Brand Model: _____</p> <p>Make: _____</p> <p>Model: _____</p> <p>Original Engine CC's: _____</p> <p>Actual Engine CC's: _____</p>
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YOUR SPONSORS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

EMERGENCY INFORMATION

Your Birthday: ____/____/____

On any Medication please list or Allergies
(need more room, use the back side of this form)

Allergies (to food, Medication etc.)

Emergency Contact: (must have 2 contacts)

Name _____	Relation _____
Address _____	Home Phone _____
City _____	Work Phone _____
State _____	Zip _____

Name _____	Relation _____
Address _____	Home Phone _____
City _____	Work Phone _____
State _____	Zip _____

Registration Fee \$10.00
BRING THIS FORM WITH YOU.
HAND IN AT REGISTRATION BOOTH
ANY QUESTION PLEASE CALL LONNIE
DETURCK AT 610-385-6806
OR E-MAIL
DFCYCLE@AOL.COM