



2017 Kart Racers of America Series Membership Form



Please Fill Out Form In FULL

Type of Membership:

Individual: _____ \$50.00

Family: _____ \$65.00 (Drivers Under 18)

** Please list all additional, non - driver members on back of form



Primary Driver Name: _____

Please use an another form for additional drivers on a family membership

Address: _____



City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Birthdate: _____ Age: _____

AMB Transponder # (if you own one) _____



Classes: _____



Preferred Kart Number 1st: _____ 2nd: _____



By Voluntarily Signing Below I agree to abide by All Rules and Regulations Set Forth By Kart Racers of America Series and Conduct Myself in a Sportsman Like Manner.

Signature: _____ Date: _____

Please Check Here _____ If you want to Reserve a Pit Spot (64ft x 15ft) and Enclose \$135.00 for a Yearly Reserved Spot for 14 Race KRA Series. If you wish to have more than one spot write in the number here _____

- Payment Options -

CC Number _____ -- _____ -- _____ -- _____

Exp Date ____/____/____

Three Digit Security Code _____

Or

Make Checks Payable to:
4D Promotions Inc.

Mail to: Kart Racers of America
2650 West Main Street
Greenfield, IN 46140