

## 2022 - Junior Racer License Application 17 years & under TRACK FEE \$40 - Annual

| IE GRAND   | AMA#      |                            | AMA Exp Date        | :        |                |
|--|-----------|----------------------------|---------------------|----------|----------------|
| dustry Racing, LLC   | Mu        | st present current AMA car | d to turn in Indust | ry Racin | g application  |
| Racer's Name:  |           |                            |                     |          |                |
| Racer #  |           |                            |                     |          |                |
| Dad's Name   |           |                            | Mom's Name          |          |                |
| Dad's Cell   |           |                            | Mom's Cell:         |          |                |
| Home Number  |           |                            | Birthdate:          |          |                |
| Address:   |           |                            |                     |          |                |
| City:  |           |                            | State/Zip:          |          |                |
| E-Mail:  |           |                            |                     |          |                |
| IN CASE OF EMERGENCY:  |           |                            |                     |          |                |
| Name   |           | Relationshi                | р                   |          | Phone          |
|  |           |                            |                     |          |                |
|  |           |                            |                     |          |                |
|  |           | MEDICAL INSURANCE IN       |                     | VEC      | No             |
| Do you have Primai   | ry Medica | ii insurance:              | Circle One:         | YES      | NO             |
| nsurance Carrier:  |           |                            |                     |          |                |
|  |           |                            |                     |          | For office use |
| Policy #:  |           |                            |                     |          |                |
| declare under penalty of perjury under the laws of the State of California that the above information is true and correct. |           |                            |                     |          |                |

**Applicant's Signature** 

Date