



RACER APPLICATION

CONTACT INFORMATION

Name:

Phone:

Fax:

E-mail:

Street Address:

City:

State:

ZIP Code:

SS#:

DOB:

PAST PERFORMANCE

Type of Racing	Oval <input type="checkbox"/>	Snocross <input type="checkbox"/>	Cross Country <input type="checkbox"/>	Hill Cross <input type="checkbox"/>	Drag <input type="checkbox"/>	Enduro <input type="checkbox"/>	Hill Climb <input type="checkbox"/>
Class	Pro <input type="checkbox"/>	Semi Pro <input type="checkbox"/>	Sport <input type="checkbox"/>	Womens <input type="checkbox"/>	Masters <input type="checkbox"/>	Junior <input type="checkbox"/>	
Division	Stock <input type="checkbox"/>	Impr Stock <input type="checkbox"/>			Mod <input type="checkbox"/>	Open <input type="checkbox"/>	

Race association(s) planned for upcoming year:

Classes planned for upcoming year:

Years of racing experience:

SPONSORSHIP

Factory Affiliation:

Model and track length:

Please past and present racing sponsors:

Business:	Phone	Contact

Please list three references that can provide information regarding your riding career (no relatives):

Contact	Phone	Relationship

Type of account:

AGREEMENT

By submitting this application, you authorize DBA EZRYDE INC to make inquiries to investigate past performance and personal information. Along with completed application please forward cover letter, resume, photos by mail to EZRyde Inc, Attn: Racing,47140 N Main St, Houghton MI 49931

SIGNATURES

Racer	Parent/Guardian
Printed Name:	Printed Name:
Date:	Date: