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| **2016 PASCAR MEMBERSHIP APPLICATION** | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | |
| Name: | | | | | | | | |
| Date of birth: | | SSN: | | | | | Phone: | |
| Current address: | | | | | | | | |
| City: | | State: | | | | | ZIP Code: | |
| **EMERGENCY CONTACT** | | | | | | | | |
| Name of emergency contact: | | | | | | | | |
| Address: | | | | | | | Phone: | |
| City: | | State: | | | | | ZIP Code: | |
| Relationship: | | | | | | | | |
| **ENGINE REGISTRATION** | | | | | | | | |
| Pro Challenge Engine Serial Number: | | | | | | | | |
| Upper Seal #: | | | | Lower Seal #: | | | | |
| **CAR NUMBER REGISTRATION** | | | | | | | | |
| Driver Name: | | | 2015 PASCAR Member? YES NO | | | | | |
| First Number Choice: | Second Number Choice: | | | | | Third Number Choice: | | |
| Pay to: | | Email: | | | Best phone to reach: | | | |
| Address: | | | | | | | | |
| **PASCAR MEMBERSHIP** | | | | | | | | |
| **Each car must have a registered driver - $150**  All unlicensed driver will be assessed a temporary license at $50 for each PASCAR-sanctioned event entered.  **\*MEMBERSHIPS WILL NOT BE VALID UNTIL FEES ARE PAID IN FULL – PLEASE INCLUDE PAYMENT WITH FORM\*** | | | | | | | | |
| **Total Amount enclosed:** | | | | | | | | $ |
| **DISCLAIMER & SIGNATURE** | | | | | | | | |
| I HEREBY AGREE that by signing this competition application that I understand and will abide by all rules and regulations as set forth by PASCAR. As well, I further understand that there is no express or implied warranty of safety resulting from publication or compliance with PASCAR rules, and that they are intended merely as a guide and are minimum requirements for the conduc t of the sport and are in no way a guarantee against injury or death to participants, spectators, or others.  The undersigned acknowledges that auto racing and related events are hazardous activities which carry with them significant r isk of personal injury, death, or property damage. I verify that I am in good health and have no conditions that would impact my participation in auto racing or its related activities. | | | | | | | | |
| Signature of applicant: | | | | | | | Date: | |
|  | | | | | | | | |
| **FOR OFFICE USE ONLY**  Membership # | | | | | | | Date: | |

MAIL COMPLETED FORM TO: PRO CHALLENGE RACE CARS – 9110 16th Place, Vero Beach, FL. 32966