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| **2017 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 conduct 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 – 440 3rd Lane S W, Vero Beach, FL. 32962