



TRACK PRACTICE MEMBERSHIP APPLICATION

NAME: _____

PARENT / GUARDIAN NAMES: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

RES. PHONE: _____ CELL PHONE: _____

E MAIL: _____ BIRTH DATE: Y ___ M ___ D ___

HEALTH CARD NUMBER: _____

KART NO. _____

TODAY'S DATE: Y ___ M ___ D ___ TOTAL FEES: _____

I / WE AGREE TO RESPECT AND ABIDE BY THE CONSTITUTION AND BY-LAWS OF POINT PELEE KARTING. THE SIGNATURE OF ALL NAMES LISTED ABOVE MUST APPEAR IMMEDIATELY BELOW. SIGNATURE OF DRIVER MEMBER: _____

(IF YOU ARE UNDER 18 YEARS OF AGE, POINT PELEE KARTING REQUIRES A SIGNATURE OF A PARENT OR GAURDIAN) SIGNATURE OF PARENT OR GAURDIAN: _____

PLEASE NOTE: THIS FORM IS ONLY AN APPLICATION. MEMBERSHIP PRIVILEDGES ARE NOT GUARANTEED. POINT PELEE KARTING RESERVES THE RIGHT TO TERMINATE OR REFUSE ANY MEMBERSHIP AND / OR REFUSE ANY APPLICATION.

FOR OFFICE USE ONLY MEMBERSHIP APPROVED: _____ MEMBERSHIP TYPE: _____