



PPK Track Practice Membership Application

DRIVER MEMBER (PLEASE PRINT CLEARLY)

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 TURN OVER: WAIVER IS ON REVERSE. MEMBERSHIP APPLICATION IS VOID IF THE WAIVER IS NOT SIGNED NOR COMPLETED.

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

FOR OFFICE USE ONLY

MEMBERSHIP APPROVED: _____ MEMBERSHIP TYPE: _____