



Outdoor Motocross



Please mark which days you are racing: Saturday _____ Sunday _____

PLEASE WRITE LEGIBLY!

TODAY'S DATE ___ / ___ / ___

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: ___ / ___ / ___ AGE: _____ BIKE #: _____ BRAND: _____

PHONE # _____ EMAIL: _____

IN CASE OF EMERGENCY CONTACT: _____

1ST CLASS: \$40, 2ND CLASS: \$35 3RD CLASS: \$30 (Each Day)

___ 50 BEG(D) ___ 50 JR/INT(C/B) ___ 50 OPEN ___ 65 BEG(D) ___ 65 JR/INT(C/B)

___ 65 OPEN ___ 85 BEG(D) ___ 85 JR/INT(C/B) ___ 85 OPEN ___ SUPERMINI

___ WOMEN ___ 250 BEG(D) ___ 250 JR(C) ___ 250 INT(B) ___ 250 INT(B)

___ 450 BEG(D) ___ 450 JR(C) ___ 450 INT (B) ___ 250 PRO ___ 450 PRO

___ SCHOOLBOY (12-16) ___ COLLEBOY (17-24) ___ +25 D/C ___ +25 B/A

___ +30 D/C ___ +30 B ___ +30 A ___ +40 D/C ___ +40 B ___ +40 A ___ +50

SPONSORS: (PLEASE LIST ONLY YOUR TOP THREE BELOW)

PLEASE MAKE CHECK PAYABLE TO: EC ENTERPRISES

I HAVE READ AND UNDERSTAND THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY FORM _____

THANK YOU FOR PARTICIPATING AND GOOD LUCK!