

# 2011 Original Speedway Park Track Membership Application

Just print and fill out and bring to Original Speedway Park or mail to us at the address below!

**MEMBER INFORMATION:** *Please print clearly to guarantee proper spelling of your name.  
Members under 18 years of age must have parental consent and copy of birth certificate.*

Drivers Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Class \_\_\_\_\_ Kart # \_\_\_\_\_  
Class \_\_\_\_\_ Kart # \_\_\_\_\_  
Class \_\_\_\_\_ Kart # \_\_\_\_\_

Sponsor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

In Case of Emergency:  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Applicant  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Class: \_\_\_\_\_ Kart #: \_\_\_\_\_

Additional Applicant  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Class: \_\_\_\_\_ Kart #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Paid By: \_\_\_\_\_ Check \_\_\_\_\_ Cash

PO Box 541 Fruitland Park, FL 34731