

2010 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