

## 2010 NYSMA REGISTRATION FORM

### *Membership Mailing Information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Club: \_\_\_\_\_

### *Car Registration Information:*

Car #1 Car Number: \_\_\_\_\_

Class & Division: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Handler Name: \_\_\_\_\_

Car #2 Car Number: \_\_\_\_\_

Class & Division: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Handler Name: \_\_\_\_\_

Car #3 Car Number: \_\_\_\_\_

Class & Division: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Handler Name: \_\_\_\_\_

Other Information: Check below only if you are not registering a car.

\_\_\_\_ Other Family Member(s)

\_\_\_\_ Official only (Flagger, Announcer, Pit Steward)

\_\_\_\_ Extra Handler / Pit Crewman

\_\_\_\_ Non - Family

Associated with car # \_\_\_\_\_

**Accident Insurance:** COVERAGE- Primary coverage, \$25,000 per person/incident, \$10,000 accidental death or dismemberment. List first and last names of all to be insured including driver, other family members, non-family member or others (see above)

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

**I understand the coverage that is provided by this insurance.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### *General Information:*

#### **1. Active Clubs:**

Mid-State Microd Club

Sodus Microd Club

Southern Tier Microd Club

Syracuse Microd Club

Groton Microd Club

#### **2. Classes by Division:**

##### Microd Division-

Junior Novice

Novice

5 Hp Limited

Stock

Super Stock

Club Class

##### Open Wheel Division-

Junior Novice

Novice

5 Hp Limited

Stock

Super Stock

Modified

##### Classic Division-

Novice

MR1

#### **3. Insurance Required For:**

Anyone who is on the race track, in the infield, the pits, scorers tower or concession stand.

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NYSMA Fees:

Total number of cars: \_\_\_\_\_ x \$20.00 per car = \_\_\_\_\_

Total number to be insured: \_\_\_\_\_ x \$15.00 per person = \_\_\_\_\_

Total amount NYSMA registration and insurance fees. = \_\_\_\_\_

Return Registration form and check to:

To your club Treasure!!  
or  
NYMSA Treasure!!

Jeanne Ferguson,  
212 Stonehedge Dr,  
Camillus, NY 13031