

NYSMA

2011 Registration and Insurance Form

INSURANCE IS REQUIRED FOR anyone who is on the race track, in the infield, the Pit Area, Scorer's Tower, or Concession Stand.

PLEASE PRINT—Membership Mailing Information

Driver's name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone numbers Home: _____ Cell: _____

Parent/Guardian(s) name(s): _____

E-mail: _____

Home track affiliation: _____

ACTIVE MICROD CLUBS

- Mid-State Microd Club
- Sodus Microd Club
- Southern Tier Microd Club
- Syracuse Microd Club

DIVISIONS AND CLASSES

- **Microd Division**
Junior Novice Class
Novice Class
5 HP Limited Class
Stock Class
Super Stock Class
Club Class
- **Open Wheel Division**
Junior Novice Class
Novice Class
5 HP Limited Class
Stock Class
Super Stock Class
Modified Class
- **Classic Division**
Novice Class
MR1 Class

Check boxes below ONLY if you are NOT registering a car, but need to be in the Pit area:

- Other Family Member(s)
- Non-Family guest(s)
- Officials Only (Flagger, Announcer, Pit Steward)
- Extra Handler or Pit Crew person

Associated with car # _____

Car Registration Information

Car #1

Car number: _____ **Division:** _____ **Class:** _____

Driver's name: _____ **Age:** _____ **Date of birth:** _____

Car handler's name(s): _____

Car #1

Car number: _____ **Division:** _____ **Class:** _____

Driver's name: _____ **Age:** _____ **Date of birth:** _____

Car handler's name(s): _____

Car #1

Car number: _____ **Division:** _____ **Class:** _____

Driver's name: _____ **Age:** _____ **Date of birth:** _____

Car handler's name(s): _____

Accident Insurance Coverage

Primary coverage is \$25,000 per person/incident, \$10,000 accidental death or dismemberment. **List first and last names of ALL persons to be insured** INCLUDING driver, other family members, non-family member or others (see box above).

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

My signature below affirms that I understand the coverage that is provided by this insurance.

Signature: _____ Date: _____

TOTAL number of cars: _____ x **\$20.00 per car** = _____

TOTAL number to be insured: _____ x **\$15.00 per car** = _____

TOTAL amount due = _____

Make check payable to: **NYSMA**

Return Registration Form and check to:

Your Microd Club Treasurer
OR
NYSMA Treasurer:
Jeanne Ferguson
212 Stonehedge Rd.
Camillus, NY 13031