

2007 SWRA Membership Application

Please Print Single Member

Name: _____ DOB: _____ Age: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Affiliation: SWRA KART IKF WKA OTHER

Type of Kart(s): Shifter Sit - up Laydown

Sponsors: _____

EMERGENCY INFORMATION (must be filled in completely)

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Enclose check, credit card, or money order for \$ 30 to SWRA, Inc. All privileges begin on date of application receipt. SWRA members are not charged any upcharge on entry fees and are eligible for year end awards.

Mail, Fax, or E-mail to:

SWRA c/o Hank Cantrell PO Box 183054 Arlington, Tx. 76096

Fax: 972 988 1749

Email: hcantrell3@sbcglobal.net

CC Number: _____ Exp: _____ Visa: _____ MC: _____

Signature: _____

I have read and hereby agree to conform and comply with the rules governing this event. I further agree to hold harmless SWRA Tx., SWRA Officers, track owners, their agents, representatives, authorized officials or track personnel for any loss, injury, or death to myself, my family, or my personal property which may occur as a result of my participation in this event. I understand that I will be responsible for myself and any non-participants with me for any additional medical expenses required that are not covered by SWRA event insurance or through any other insurance policies.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18, parent or guardian signature

Thanks for racing with SWRA

2007 SWRA Family Membership

Please Print

Name: _____ DOB: _____ Age: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Family Member: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Affiliation: SWRA ___ KART ___ IKF ___ WKA ___ OTHER _____

Type of Kart(s): Shifter ___ Sit - up ___ Laydown _____

Sponsors: _____

EMERGENCY INFORMATION (must be filled in completely)

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Enclose check, credit card, or money order for \$ 35 to SWRA, Inc. All privileges begin on date of application receipt. SWRA members are not charged any upcharge on entry fees and are eligible for year end awards.

Mail, Fax, or E-mail to:

SWRA c/o Hank Cantrell PO Box 183054 Arlington, Tx. 76096

Fax: 972 988 1749

Email: hcantrell3@sbcglobal.net

CC Number: _____ Exp: _____ Visa: _____ MC: _____

Signature: _____

I have read and hereby agree to conform and comply with the rules governing this event. I further agree to hold harmless SWRA Tx., SWRA Officers, track owners, their agents, representatives, authorized officials or track personnel for any loss, injury, or death to myself, my family, or my personal property which may occur as a result of my participation in this event. I understand that I will be responsible for myself and any non-participants with me for any additional medical expenses required that are not covered by SWRA event insurance or through any other insurance policies.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18, parent or guardian signature

Thanks for racing with SWRA

2007 SWRA Gold Membership

Please Print

GOLD MEMBERSHIP \$ 375

Name: _____ DOB: _____ Age: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Affiliation: SWRA ___ KART ___ IKF ___ WKA ___ OTHER _____

Type of Kart(s): Shifter ___ Sit - up ___ Laydown _____

Sponsors: _____

EMERGENCY INFORMATION (must be filled in completely)

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Enclose check, credit card, or money order for **\$ 375** to SWRA, Inc. All privileges begin on date of application receipt. Gold members receive free **Friday** practice for **their** kart at **6** races (**does not include Hallett**), no upcharge on entry fees, and are eligible for year end awards.

Mail, Fax, or E-mail to:

SWRA c/o Hank Cantrell PO Box 183054 Arlington, Tx. 76096

Fax: 972 988 1749

Email: hcantrell3@sbcglobal.net

CC Number: _____ Exp: _____ Visa: _____ MC: _____

Signature: _____

I have read and hereby agree to conform and comply with the rules governing this event. I further agree to hold harmless SWRA Tx., SWRA Officers, track owners, their agents, representatives, authorized officials or track personnel for any loss, injury, or death to myself, my family, or my personal property which may occur as a result of my participation in this event. I understand that I will be responsible for myself and any non-participants with me for any additional medical expenses required that are not covered by SWRA event insurance or through any other insurance policies.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18, parent or guardian signature

Thanks for racing with SWRA

2007 SWRA Platinum Membership

Please Print

PLATINUM MEMBERSHIP \$ 750

Name: _____ DOB: _____ Age: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Affiliation: SWRA ___ KART ___ IKF ___ WKA ___ OTHER _____

Type of Kart(s): Shifter ___ Sit - up ___ Laydown _____

Sponsors: _____

EMERGENCY INFORMATION (must be filled in completely)

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Contact Phone: _____ Other Phone: _____

Enclose check, credit card, or money order for \$ 750 to SWRA, Inc. All privileges begin on date of application receipt. Platinum members receive free **Friday** practice for **2 or more** of **their** karts at 6 races (**does not include Hallett**), no upcharge on entry fees, and are eligible for year end awards.

Mail, Fax, or E-mail to:

SWRA c/o Hank Cantrell PO Box 183054 Arlington, Tx. 76096

Fax: 972 988 1749

Email: hcantrell3@sbcglobal.net

CC Number: _____ Exp: _____ Visa: _____ MC: _____

Signature: _____

I have read and hereby agree to conform and comply with the rules governing this event. I further agree to hold harmless SWRA Tx., SWRA Officers, track owners, their agents, representatives, authorized officials or track personnel for any loss, injury, or death to myself, my family, or my personal property which may occur as a result of my participation in this event. I understand that I will be responsible for myself and any non-participants with me for any additional medical expenses required that are not covered by SWRA event insurance or through any other insurance policies.

Signed: _____ Date: _____

Signed: _____ Date: _____

If under 18, parent or guardian signature

Thanks for racing with SWRA