



2020 Practice Day

Entry Form

Vermont Motocross Association
4778 Lake Road, Franklin, VT 05457

Office Use Only

Date _____

Total Paid _____

Rec'd By _____

LAST NAME	FIRST	MIDDLE
ADDRESS	CITY	STATE ZIP
PHONE	DOB	TRANSPONDER #
MEMBER/RIDER # Non-Members Must use a "Y"	MODEL	CC

BIKE \$35 for members and non-members	QUAD \$35 for members and non-members	Side-By-Sides \$35 for members and non-members
<input type="checkbox"/> Small (125cc or less) <input type="checkbox"/> Large (above 125cc)	<input type="checkbox"/> Small (125cc or less) <input type="checkbox"/> Large (above 125cc)	<input type="checkbox"/> 800cc+ <input type="checkbox"/> 1,000cc+

I, THE UNDERSIGNED, CERTIFY THAT:

- I HAVE READ, UNDERSTAND, AND HAVE SIGNED THE "RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" LOCATED ON THE BACK OF THIS FORM, AND THE "MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" IF I AM REGISTERING A MINOR.
- I AGREE TO ABIDE BY ALL VMA RULES.
- I ACKNOWLEDGE AND AGREE THAT VMA OFFICIALS HAVE THE RIGHT TO REQUIRE ME TO LEAVE THE FACILITY, AND IF I AM ASKED TO LEAVE, I WILL DO SO IMMEDIATELY AND WITHOUT INCIDENT.

Member/Rider Signature	Date:
Printed Name of Parent/Guardian (if minor under 18)	SIGNATURE of Parent/Guardian (if minor under 18)

COMPLETE FRONT AND BACK OF THIS FORM

