







R E G I S T R A T I O N

Jacket Size_____

PLEASE PRINT CLEARLY

Name		Date Of Birth
Mailing Address		
City	State	Zip
E-mail Address		
Daytime Phone	Evening Phone	Cell Phone
Insurance Provider	Policy # _	
	OWN	ER
Car number		Alternate car number
Owner's Name		
		Zip
E-mail Address		
Daytime Phone	Evening Phone	Cell Phone
Car Year	Make	Model / Chassis
Person to whom purse	checks are paid (must fill out	W-9)
derived from my activities as a 2. The exclusive right to publish, 3. A complete and unconditional and/or damage to my property AS A CONDITION UNDER WHICH FOLLOWING REPRESENTATION: 1. My participation in any sanctic contractor. I will not act as an 2. If, as a result of voluntary participant in a provide Workman's Compensified all 3. As a voluntary participant in a provide Workman's Compensified Federal Taxes. 4. As a voluntary participant in a assume these risks as a participant in a considered detrimental to VR/ 6. I hereby agree to abide by all rendered by the VRA Race Di 7. I have read and understand the	a participant in any VRA sanctioned event. sell or use in any fashion, photographs of me release on behalf of myself and my heirs for a y sustained while participating in any sanction I VRA AGREES TO ISSUE ME A LICENSE TO S: coned event shall be on a voluntary basis, in whagent, servant or employee of VRA or any off ticipation in any sanctioned event, I win any princessary tax returns. In sanctioned event, acting solely on my behaltion Insurance, Unemployment Disability Insurany sanctioned event, I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event. I fully recognize to possicipant in any sanctioned event.	O PARTICIPATE IN SANCTIONED EVENTS I AFFIRM THE nich event I shall be acting solely for myself as an independent ner person or organization if I participate in an event. ize money, I do so as an independent contractor and will maintain all alf as an independent contractor, I recognize the fact that VRA does not arrance, Federal Old Age Survivor's Insurance, Medicare, or any State of bility of injury to my person and damage to my property, and I freely any demonstrations, strikes, boycotts, or any activities which might be RA Rules and Bulletins, and I further agree to accept the decisions of understand the application contains a general release to all persons in
,	rove or reject any and all license applications. INDERSTAND AND CERTIFY TO AGREE TO	
Signature of Applicant:		Date:
In case of emergency please	contact:	Phone: