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|  | Medicine Hat Drag Racing 2012 AssociationBox 366Medicine Hat, AB T1A 7G1<http://www.mhdra.com>(403) 548-7061 |

**Complete entire form – Sign – Include payment (cheque preferred) – Mail (address above)**

 **Personal Information**

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| Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Address: Click or tap here to enter text. City: Click or tap here to enter text. Province: Choose an item. Postal Code: Click or tap here to enter text. Home Phone: Click or tap here to enter text. Work Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text. E-Mail Address: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.  |
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| **Racing Information**Vehicle Year: Click or tap here to enter text. Competition Class you are signing up for: | Make: Click or tap here to enter text. Model: Click or tap here to enter text. [ ]  Volunteer Cheque $150(Separate cheque post dated Sept 30, 2024 (This fee is MANDITORY with all BIKE, SUPER-PRO, PRO and SPORTSMAN memberships. No memberships will be granted without it) ***Check box with membership – 1 per person***[ ]  Super-Pro $185[ ]  Pro $185[ ]  Sportsman $105[ ]  Bike $185[ ]  Jr. Dragster Thunder/Lightening $30[ ]  Jr. Street $30[ ]  Associate $30   |

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| **Pit Space Rental** | [ ]  Pit Site $200 [ ]  Waiting List ***You must be a paid member to be eligible for a pit site*** |

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| **TOTAL FEES OWING FOR CLASS AND PIT RENTAL: $\_\_\_\_\_\_\_\_** |

**The Medicine Hat Drag Racing Association is a Non-Profit organization whose facility is member/volunteer and sponsor built, maintained and managed. As a member of the MHDRA, I agree to actively participate in fund raising, maintenance, housekeeping, marketing and promoting our sport, club, and facility in a positive manner. Failure to meet these obligations will be met with expulsion from club membership. I will act responsibly and in the best interest of the club, sport and facility, and will adhere to all rules of good sportsmanship and mature conduct at all times.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Under 18 requires signature of parent or guardian)**

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| **FOR OFFICE USE ONLY** |
|  Member #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid Via:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |