

2019 AHRMA - **Speed & Sport**National Vintage Trials Series Entry Form



AHRMA Membership # Bike # Name:		Event Date/N	Name:			 	
		Address:					
City, State, ZIP Code:							
Phone:Mo				Email:			
Personal Medical Insurance Company &	Policy #:						
Sponsors:							
Entry fee: \$40 per class. Fees mure refunds or credit tow Register online a	ards future	events, see se	ection 4.7 o	f the AHRMA Ha	indbook.		
RELEASE: I hereby release and agree to hold harmless AHRMA, the promoters, the owners and lessees of the orenises, the participants, sponsors, and the officers, directors, officials, representatives, agents and employees of all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in the event, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.		Class	Model Year	Machine Brand/ Chassis	Engine Size (cc)	Skill Level	Entry Fee
	Modern Class	sic	Icai	Ondoors	3120 (00)	Level	100
	Classic						
	Modern Twin	Shock					
	Premier Light	tweight					
	Premier Heav	vyweight					
	Rigid Lightwe	eight					
	Rigid Heavyw	eight eight					
	Girder Fork						
	Beginner						
	Support Clas	S					
have no known PHYSICAL PROBLEMS that will endanger me or others while participating in this event.							
My helmet meets all standards as specified in the current AHRMA Handbook.	AHRMA Mem	harshin (if dua 9	\$75: Internation	nal see membersh	in form)		
CURRENT AHRIMA HANDOOK. AGREEMENT: By my signature below, I hereby agree to the	AHRMA Membership (if due, \$75; International, see membership form) Benevolent Fund or Individual Donation to AHRMA						
terms of the above release, guarantee credit card payment and further agree to abide by the AHRMA Handbook and any special regulations during the event.	TOTAL FEES						
	MC/Visa/Disc/	'AmEx		Ехр.	Date	_ CVV Cod	le

(RIDER SIGNATURE)

Event information: www.ahrma.org

AHRMA Membership information:

elli.klein@ahrma.org or 321.277.4985

Refer to the current AHRMA Handbook (Also available online at www.ahrma.org) for questions regarding classes and eligibility. See Section 18 for Rules & Eligibility committee personnel and other Officials.

WWW.AHRMA.ORG

Send comple	eted	entry f	orm	to:
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__ ZIP Code ___

AHRMA, 309 Buffalo Run, Goodlettsville, TN 37072

Fax: 615.420.6438 or, Scan and Email: dlamberth@ahrma.org

Please Print Clearly!