

Central New York Ice Racing Association
2017 Season
Membership Application

Name _____

Address _____
(street) (city) (state) (zip code)

Phone (____)-____-____ (____)-____
(home phone) (cell phone)

Email address _____

Car _____ Class _____
(year) (make) (model) (color)

Requested number _____
(1st choice) (2nd choice) (3rd choice)

Previous race experience: Ice ___ Rally ___ Rallycross ___ Autocross ___
Trackday ___ Drags ___ Motorcycle ___ Road race ___ Stock cars/oval ___
Snowmobile racing ___ Race worker ___ Karting ___ Other _____

I, the undersigned, a properly licensed driver, understand that the racing, which I am intending to do, is potentially dangerous and part of a potentially dangerous sport. As such, I promise to fully understand and obey the rules and regulations of CNYIRA. I further understand that it is possible that an incident could occur which could cause injury or death to myself or my crew. Therefore, I am signing this membership application with the full knowledge that the organization, the officers, and directors, etc. are not responsible for my safety except to the degree that they are able.

Signature _____ Date _____ Date _____

Signature _____ Date _____ Date _____

(Each person registering under a family membership must sign and date)

(check one) **Regular membership: \$30.00** _____ **Family membership: \$45.00** _____
Race worker membership: FREE _____ (race worker member is entitled to all regular membership benefits with the exception of driving privileges)

Make checks payable to **CNYIRA**

Mail to:

Bruce Coulombe
100 Lakeview Ave.
Watkins Glen, NY 14891
(607) 210-4144