

# NYSMA

## 2011 Registration and Insurance Form

**INSURANCE IS REQUIRED FOR anyone who is on the race track, in the infield, the Pit Area, Scorer's Tower, or Concession Stand.**

### PLEASE PRINT—Membership Mailing Information

Driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Phone numbers** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian(s) name(s): \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Home track affiliation: \_\_\_\_\_

### ACTIVE MICROD CLUBS

- Mid-State Microd Club
- Sodus Microd Club
- Southern Tier Microd Club
- Syracuse Microd Club

### DIVISIONS AND CLASSES

- **Microd Division**  
Junior Novice Class  
Novice Class  
5 HP Limited Class  
Stock Class  
Super Stock Class  
Club Class
- **Open Wheel Division**  
Junior Novice Class  
Novice Class  
5 HP Limited Class  
Stock Class  
Super Stock Class  
Modified Class
- **Classic Division**  
Novice Class  
MR1 Class

Check boxes below ONLY if you are NOT registering a car, but need to be in the Pit area:

- Other Family Member(s)
- Non-Family guest(s)
- Officials Only (Flagger, Announcer, Pit Steward)
- Extra Handler or Pit Crew person

Associated with car # \_\_\_\_\_

### Car Registration Information

#### Car #1

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

#### Car #1

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

#### Car #1

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

### Accident Insurance Coverage

Primary coverage is \$25,000 per person/incident, \$10,000 accidental death or dismemberment. **List first and last names of ALL persons to be insured** INCLUDING driver, other family members, non-family member or others (see box above).

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**My signature below affirms that I understand the coverage that is provided by this insurance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL number of cars:** \_\_\_\_\_ x **\$20.00 per car** = \_\_\_\_\_

**TOTAL number to be insured:** \_\_\_\_\_ x **\$15.00 per car** = \_\_\_\_\_

**TOTAL amount due** = \_\_\_\_\_

Make check payable to: **NYSMA**

### Return Registration Form and check to:

Your Microd Club Treasurer  
OR  
NYSMA Treasurer:  
Jeanne Ferguson  
212 Stonehedge Rd.  
Camillus, NY 13031