



4507 Marimak Drive ~ Lafayette, IN 47905 ~ Ph: 765-589-3045

A.M.S.A. Use Only
Amount Paid: \$ _____
Paid by: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check # _____
Date Received: ____/____/____

AMSA LIGHTNING SPRINT 2012 MEMBERSHIP FORM ~ Membership Fee \$85.00

Car No. _____ Car Color: _____
Chassis & Engine: _____

Member Name: _____
Address: _____
City: _____ St: _____ Zip: _____

If you do not drive your car, please list the driver's name: _____

Please list the following numbers in case of a race cancellation.

Home: (____)____-____ Cell or Pager: (____)____-____
Work: (____)____-____ Email: _____@_____

Please tell us which is the best way to get in contact with you during the day if there is a cancellation?

IN CASE of EMERGENCY (Someone that would not likely be at the races)

Contact Name: _____ Relationship: _____
List any Phone # where they could be reached: (____)____-____ or
(____)____-____ or (____)____-____

Tax Information:

Social Security #: _____ - _____ - _____ W-9 on file

INJURY/DAMAGE RELEASE

I agree that when I participate in any AMSA LIGHTNING SPRINT event or any function, I do so at my own risk and that the AMSA LIGHTNING SPRINT is NOT responsible for my safety or bodily injury or damage to property that I own or that is my possession at the track.

Signature _____ Date ____/____/____

Printed Name _____

Please send form & payment to:
 AMSA LIGHTNING SPRINTS
 4507 Marimak Drive
 Lafayette, Indiana 47905
 Ph: 765-589-3045