

2014 Texas Cross Country Racing Association

Date _____

Do Not Use _____

Jacket Size _____ Last Yr. Bike No. _____

Name: _____ Date of Birth _____ Age _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email Address: _____

Bike Brand _____ Size – CC's _____

Emergency Contact: _____

May we give your mailing address to area motorcycle shops and non-TCCRA race promoters ___yes___no

May we give your phone number to TCCRA members who wish to contact you? ___yes___no

CLASSIFICATIONS

Sportsman: A (rides in the Expert program) B (rides in the Amateur program)

AMATEUR: Lites, Heavy, Open, O30, O38, O45, O52, O59

INTERMEDIATE: Lites, Heavy, Open, O30, O38, O45, O52, O59

EXPERT: Pro, Lites, Heavy, Open, O30, O38, O45, O52

MINI: Expert Intermediate Amateur

LADIES: Expert Intermediate Amateur

O30 Expert O30 Intermediate O30 Amateur

PEEWEEES 50cc Expert, 50cc Intermediate, 50cc Amateur, 6 & under aircooled
65cc Expert, 65cc Intermediate, 65cc Amateur, 65cc 4stroke Amateur

Vintage INT/EXP Vintage 1994 Night Ironman Night Team Pit Mom

Competition Member Fee \$25.00 (first class)

Competition Member Fee \$10.00 (add'l class)

Associate Member Fee \$15.00

*****Proof of Age is required for ALL age classes, Mini's and Peewee's.**

*****SIGNATURE REQUIRED BELOW*****

I hereby agree to conform to and comply with the rules set forth by TCCRA. I further agree to hold harmless the TCCRA and its Officers for any loss or injury to myself or property resulting from any accident in which I may become involved by reason of participation in their contests. This constitutes an expressed acknowledgment and voluntary assumption of the risks associated with Cross Country Motorcycle Racing.

Date _____ Member Signature _____

FOR ALL RIDERS UNDER THE AGE OF 18

Being the legal parent and/or guardian of the above named minor, I hereby approve of and agree to the participation of _____ in the contests of TCCRA. I agree to the release clause listed on this page completely and without reservation.

Date _____ Parent/Guardian Signature _____

****Enclosed a check or money order payable to TCCRA and Mail Membership Form to:
Connie Millhollon 2708 Timberwood Dr, Flower Mound, TX75028 (817) 471-0542**