Race Crew Application

RESET FORM | Save Form | Print Form

Craigleith Member: Yes☐ No☐

Name:_____

Email:_____

Phone 1:_____

Phone 2:_____

Address:_____

Person to Notify in Case of Emergency

Name (1)_____

Phone (1) _____

Phone (2) _____

Name (2)_____

Phone (1) _____

Phone (2) _____

Choose one
CAT 6: Yes☐ No☐(If Yes fill out page 2)
CAT 6 Charging on badge: Yes☐ No☐ (if yes fill out page 3)

Or
Voucher: Yes☐ No☐
Charging on Badge: Yes_____ No_____ (if yes fill out page 3)

All Crew Must Provide a credit card that will be automatically charged a prorated fee based on cost of badges received / 10-day commitment not met.

Credit Card Number:_____ Exp._____ CVC#_____

Signature:_____ Witness:_____

OFFICE USE: Jacket Size_____Jacket #_____Liner Size_____Liner #_____