

Application # _____

Nicholson Speedway, Inc.
Membership Application
2010

Date _____

Name (print) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Email** _____

Membership Fee: Individual \$25 _____

Family \$35 _____

Drivers Name _____ **Kart #** _____

Drivers Name _____ **Kart #** _____

Drivers Name _____ **Kart #** _____

Race Class _____

Race Class _____

Race Class _____

Due to Insurance purposes a copy of a Birth Certificate must be presented by the first race for all racers under the age of 16.

Signature of Applicant _____

PO Box 393 Chestertown, MD 21620