



This form must be completed in its entirety. If you have mailed in or paid online, you MUST pick your form up at the registration area. If paying at the track, you may print and complete this form before arriving to save time.
 Everyone must pay a \$5 gate fee and receive an armband before entering the track area.

Tech Number

2010 Test The Track Dates:

Sun, May 23 Sat, Jun 12 Sat, Aug 14 Sun, Oct 10

Rider Full Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

Emergency Contact (Name): _____

(Phone): _____

Motorcycle (Year, Make, Model): _____

Riding Experience (yrs): _____

If your bike is pre-numbered, what is your number? _____ (Example: Y234 = Yellow 234)

***** PRICING *****

Pre-Registration (Payment MUST be received 14 days before the Track Day date. Mail early!)

___ \$30

Late Registration (Payments must be received before the Track Day date. Mail early!)

___ \$45

To register by mail, print and send completed form & payment to:

MCRA Track Day, P.O. Box 16591, St. Louis, MO 63105

MAIL EARLY! It must be received by the event date

Online Registration & Payment (PayPal): www.mcraracing.com

NOTE: Safety equipment required: Full Heavy Blue jeans (2 pairs preferred), Full-Face Helmet, Leather Jacket, Leather Boots and Gauntlet Style Gloves. ALL bikes and equipment MUST pass an on-site safety/tech inspection before being permitted on the track. This is a RAIN or SHINE event. NO REFUNDS.

By completing this form I agree that I have read the Track Day Handout and agree to comply with any guidelines for track day usage.
<http://www.mcraracing.com/documents/TDhandout.pdf>

(Office use only – to be completed by registration official)

Rider Name: _____

Amount Paid: \$ _____.00 Paid By: Cash Check # _____ Recorded by: _____

Take this form to The track. It MUST be used for registration and turned into the tech inspector.

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Test The Track

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