

USCRA New Membership Application



Come join the United States Classic Racing Association to start your Vintage racing experience:

Name: _____ Age: _____

Address: _____

City or Town: _____ State: _____ Zip Code _____

Country: _____ Email: _____

Phone Home: () _____ Mobile: () _____

Emergency Information:

Emergency Name: _____ Phone: _____

Medical Insurance: _____ Allergies: _____

Choice a race number: (please note: Race numbers are issues to the rider for all classes. you may not request multiple numbers)

Choice 1: _____ Choice 2: _____ Choice 3: _____

How did you find the USCRA? _____

Are you a returning racer in the USCRA? _____ Last Date in USCRA: _____

Note: A new member who wishes to receive a race endorsement on their membership must enter the USCRA Race School. contact school@race-uscra.com for more details.

I have read and understood the rider requirements and code of conduct rules listed under section 4 of the USCRA rules book. In the event of an accident I hereby grant permission of release to the race director to obtain any and all medical information from emergency personal ambulance responders or otherwise

Signature: _____ Date: _____

Mail a check in the amount of \$40.00 to :

USCRA Membership & Registrations
5 Brook Bend Place
Oakdale, Ct 06370
email:registration@race-uscra.com



Don't forget to renew your **AMA** membership

