



District Six Sports Association, Inc.



Application for Road Runs Card

Name: First _____ MI _____ Last _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Email: _____

Age: _____ D.O.B. _____

Rider \$20

Passenger \$10

Do you have a current Driver License? Yes or No

Do you have proof of insurance? Yes or No

Memberships are in effect January 1st thru December 31st of each year. Only D6 cardholders are eligible for awards in the D6 points. All riders must show their District 6 cards at sign in. All competitors are responsible for their District 6 cards. No card is transferable

I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct. To the laws of the state of PA.

If participant is under the age of 18. This application must bear the SIGNATURE OF PARENT OR GUARDIAN, which shall acknowledge a waiver and release of any and all claims such parent, or guardian may have.

Rider's/Passenger's name (print)

Rider's/Participants's signature

Date

Parent or Guardian Signature

Date

www.amadistrict6.com

Make check payable to District 6 Sports Association, Inc.

This receipt to be retained for your records and must be shown at sign-in until your card is received

Name _____ Date _____

Address _____ Type of Event _____

City _____ State _____ Zip _____ Track Name _____

NOT VALID UNLESS SIGNED _____

Mail to: _____

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