



DISTRICT SIX SPORTS ASSOCIATION, INC

Application for Road Runs Card



Name: First _____ MI _____ Last _____

Address: Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Age _____ DOB _____

RIDER
\$20

Do you have a Drivers License? Yes or No

PASSENGER
\$10

Do you have proof of insurance? Yes or No

Memberships are in effect January 1 thru December 31 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 application and hereby make oath and say that to the best of my knowledge and Belief all statements set forth in the 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)

Parent or Guardian signature

Rider's / Passenger's signature

Date

Date

www.amadistrict6.com

Make checks payable to District 6 Sports Association, Inc.

Name _____ Date _____

Address _____ Type of Event **Road**

City _____ State _____ Zip _____ Club Name _____

Payment Received By Signature _____

Mail to Road Runs

Linda Sweigart 727 South Broad Street Lebanon, PA 17042 • 717-228-7016 Email: lrthompson3@mail.com

Note email is NOT gmail