



# 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](http://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](mailto:lrthompson3@mail.com)

**Note** email is NOT gmail