

2023 SUSQUEHANNA QUARTER MIDGET RACING ASSOCIATION(SQMRA) MEMBERSHIP APPLICATION

Annual Membership: \$150 (includes 2 handlers) * Additional Handlers: \$20 each

**USAC membership is mandatory and is in addition to SQMRA Annual Membership fee. Visit www.usac25license.com to sign up with USAC for insurance purposes. All handlers (parents/add'l handlers) and drivers must be included on your USAC application.

**** **ADDITIONAL \$1,000 BUYOUT OPTION FOR WORK DUTIES.** Please include with membership application to avoid being added to job duty list and to avoid fines if work duties are not completed. Buyout payment must be paid no later than April 1st, 2023.

Parent/Guardian Name #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Parent/Guardian Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Driver #1: Name: _____ M/F: _____ DOB: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest Animal Jr 160 Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Driver #2: Name: _____ M/F: _____ DOB: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest Animal Jr 160 Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Driver #3: Name: _____ M/F: _____ DOB: _____

Red Rookie Blue Rookie Jr Honda Sr Honda Hvy Honda Jr Animal Sr Animal
Unrest Animal Jr 160 Lt 160 Hvy 160 Lt World Formula Hvy World Formula Lt Formula Mod

Additional Handler #1: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

Additional Handler #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Email: _____

As a member/parent/handler/driver of SQMRA, I/we agree to comply with the rules and regulations of SQMRA and USAC and I/we are solely responsible to read such rules.

Parent #1 Signature: _____ **Date:** _____

Print Name: _____

Parent #2 Signature: _____ **Date:** _____

Print Name: _____

Driver #1 Signature: _____ **Date:** _____

Print Name: _____

Driver #2 Signature: _____ **Date:** _____

Print Name: _____

Driver #3 Signature: _____ **Date:** _____

Print Name: _____

Handler #1 Signature: _____ **Date:** _____

Print Name: _____

Handler #2 Signature: _____ **Date:** _____

Print Name: _____

**** PLEASE INCLUDE A COPY OF EACH DRIVER'S BIRTH CERTIFICATE ALONG WITH THIS APPLICATION****

MAIL PAYMENT, BUYOUT PAYMENT, APPLICATION, & COPY OF DRIVER'S BIRTH CERTIFICATE(S) TO:
JENN HORAN 670 Andersontown Road Ext, Dover PA 17315

QUESTIONS CALL:
JOSH HENISE (President) 717-577-4829
LAWREN DEHOFF (Secretary) 717-495-6541