

Ascot Park Motocross



Practice Entry Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ PHONE NUMBER: _____
Month Day Year

Practice Fee: \$20

Bike # _____ Brand _____ Bike size _____

50cc

65cc

85cc

Big Bike
Beginner

Big Bike
Nov, Int, Pro

Vet

Womens

Participant's Signature _____ Date _____ Participant's Name _____ Age _____
(Please print legibly.)

Parent/Guardian Signature _____ Date _____ (Please Print legibly) _____ Relationship _____
(If under 18 years old, Parent or Guardian must also sign.)