



2016 EMRA Race License Renewal Form and Number Reservation

You may use this form to renew your EMRA Race license if either of the following applies to you:

- you currently hold a 2015 EMRA Race license
- you had entered at least one EMRA event in the 2015 season

Name: _____ 2015 Race License Number: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip Code: _____
Car Make / Model: _____ Car Class: _____

Run Group: (circle one) RED WHITE BLUE-EXTREME
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Please complete the following:

Are you a member of an EMRA Club? (Circle all that apply)

(Club membership is required to accumulate championship points)

SSSC&BDS LISCA LICOA LIVERPOOL BSCOA SPERRY

Do you have experience Flagging or Track Communication? YES / NO

Do you have experience instructing Students? YES / NO

If yes, would you be interested in Instructing Students? YES / NO

Lastly, please use the space below to offer your suggestions and comments on the EMRA Time Trial Program:

(Use back of form for more room)

NUMBER RESERVATION:

Please provide us with three selections in order of preference: 1) _____ 2) _____ 3) _____

Brief Medical History – Driver must still submit a full medical examination form filled out by a licensed physician

Routine Medications:

Last Tetanus Shot: _____ **Current Medical Expiration Date:** _____

Drug Allergies: _____

Special Conditions:

Changes since last physical:

Submit completed form with \$75 check or money order made payable to EMRA to:

EMRA
C/O Mary Cox
342 Star Blvd
Calverton, NY 11933

Email: registrar@emraracing.org

Received by: _____ **Paid:** _____