



**Evil Empire Racing**

## Rider Registration

Rider Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Emergency

Phone Numbers: \_\_\_\_\_

If you are minor –

Parent or Guardians Name: \_\_\_\_\_

Please print and fill out completely prior to Registration at the track