

# OAKLAND VALLEY RACE PARK

POB 337, 305 Oakland Valley Rd, Cuddebackville, NY 12729 phone 845-754-8500  
OVRP.COM

## 2012 MEMBERSHIP APPLICATION

DATE:	
LAST NAME:	FIRST NAME:
HOME ADDRESS:	
CITY:	STATE: ZIP:
BUSINESS NAME:	E-MAIL:
PHONE#	CELL PHONE#
#1 DRIVER NAME:	DRIVER SIGNATURE:
MALE __ FEMALE__ DRIVER BIRTH DATE ___/___/_____ CURRENT AGE:	
KART CLASS: PREFERRED RACING NUMBER:	
#2 DRIVER NAME:	DRIVER SIGNATURE:
MALE __ FEMALE__ DRIVER BIRTH DATE / / CURRENT AGE:	
KART CLASS: PREFERRED RACING NUMBER:	
#3 DRIVER NAME:	DRIVER SIGNATURE:
MALE__ FEMALE__ DRIVER BIRTH DATE / / CURRENT AGE:	
KART CLASS: PREFERRED RACING NUMBER:	
NAME OF PARENT/GUARDIAN(IF DRIVER UNDER 18):	
PARENT SIGNATURE/AUTHORIZATION:	

Qty	Description	Amount	Total
	***SALE PRICE APPLIES TO ORDERS BEFORE 2/29***	REG/SALE	
	SINGLE DRIVER MEMBERSHIP (MUST BE 18 YEARS OLD)	\$138/ <del>\$123</del>	
	FAMILY DRIVER/PARENT (1 CHILD UNDER 18 YEARS OLD)	\$180/ <del>\$150</del>	
	FAMILY DRIVER/PARENT (2 CHILDREN UNDER 18 YEARS OLD)	\$240/ <del>\$200</del>	
	FAMILY DRIVER/PARENT (3 CHILDREN UNDER 18 YEARS OLD)	\$300/ <del>\$240</del>	
	SEASONAL PARKING-TRAILER LEFT ON PREMISES MARCH - NOV	\$465	
	KART STORAGE INDOOR SEASONAL - MARCH- NOV	\$465	
	SEASONAL COVERED PIT-INCLUDES AIR AND ELECTRIC	\$350	
	SUBTOTAL		
	ADD TAX	X .08125	
	TOTAL		
INITIALS _____ CASH _____ CHECK# _____ TOTAL _____			
CC TYPE: CC #: EXP DATE CODE			
ANNUAL INSURANCE WAIVER ___ STORAGE ___ TRAILER ___ COVERED PIT ___			