



Insurance Form Submitted: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Paid to: \_\_\_\_\_

- Cash
- Cheque
- E-Transfer

## 2020 CMRO Membership Form

**PLEASE print clearly, and fill out entire form:**

Name: \_\_\_\_\_ Name of Guest (Pit Pass): \_\_\_\_\_

Children's Names (Under 18):

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Prov: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Vehicle Name: \_\_\_\_\_ Competition #: \_\_\_\_\_ Class: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

By signing this form, I hereby agree to conduct myself in a safe and respectable manner, following the rules and regulations of the CMRO at all events. Photos and truck info may be used for CMRO promotional purposes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_