



V.D.K.A. MEMBERSHIP FORM 2017

NAME: _____ BIRTHDATE: _____
 STREET: _____ CITY: _____ STATE, ZIP: _____
 EMAIL ADDRESS: _____ PHONE: _____

Please reserve my kart number as follows: **\$20.00**

KART #: _____ CLASS: _____
 KART #: _____ CLASS: _____
 KART #: _____ CLASS: _____
 KART #: _____ CLASS: _____

Kart numbers are held on a first come basis, per class. Your reserved number will be held for the whole year in the listed classes only.

NOTE: Racers 15 and under must have a birth certificate on file –

Please send a copy with your membership form.



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