



MEMBERSHIP APPLICATION

Member Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone/Home _____ Cell Phone _____
 Email _____ DOB _____

Member Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone/Home _____ Cell Phone _____
 Email _____ DOB _____

Child (12/Under) _____ DOB _____
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 Child (12/Under) _____ DOB _____
 Child (12/Under) _____ DOB _____

I understand that Valhalla Motorsports, Inc cannot assume responsibility for any aspect of my safety and that if I participate in any Valhalla Motorsports, Inc/Irish Valley MX (IVMX) event, I do so voluntarily on my own assessment of my ability, all facilities and conditions, assuming risk; I release and hold Valhalla Motorsports, Inc./Irish Valley MX(IVMX), its members and officers, NOT responsible for any injury or loss to my person or property which may result therefrom. I also hereby certify that I am in compliance with my state's financial responsibility laws regarding the carrying of proper insurance.

Signature Required _____ Date _____

MAKE CHECKS PAYABLE: IVMX
 MAIL payment to: 2221 IRISH VALLEY ROAD, PAXINOS, PA 17860
 1ST MEMBER (13 up) \$325.00 2ND MEMBER (13 up) \$275.00
 3RD MEMBER (13 up) \$225.00 4TH MEMBER (13 up) \$175.00
 KIDS 12 AND UNDER \$50.00 each