



## 2020 American Crate All-Star Series Membership Application

*This membership application is not complete until this form is fully completed and returned with payment along with the signed "2020 American Crate All-Star Series, LLC Adult [or Minor] Waiver and Release, Express Assumption of the Risk, Indemnity and Voluntary Consent Agreement." Membership is not eligible for approval until it is reviewed, accepted, and issued at ACAS's discretion.*

**Mailing Address:** 250 McVey Lane, Beaver, WV 25813

**2020 ACAS Membership Fees (please check one):** \_\_\_\_ \$100 Annual Touring \_\_\_\_ \$150 Annual Weekly  
\_\_\_\_ \$25 Temporary (per race)

Please make checks payable to **American Crate All-Star Series**.  
PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Driver Name: \_\_\_\_\_ Car Number: \_\_\_\_\_ Rookie (tour only): Y / N

Car Owner Name (if different from driver): \_\_\_\_\_

Checks are to be made payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security/Fed ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company that would cover your racing injuries: \_\_\_\_\_

*By signing, I certify that I have read, completed, and signed (in the presence of a licensed notary public) the "2020 American Crate All-Star Series, LLC Adult [or Minor] Waiver and Release, Express Assumption of the Risk, Indemnity and Voluntary Consent Agreement," and I acknowledge and understand I am responsible to read, understand, and abide by all American Crate All-Star Series rules, regulations, and guidelines that have been issued, and which may at some point be amended.*

\_\_\_\_\_  
Print Legal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Birth