

AIRWAY X MOTOCROSS PARK

Hare Scramble Race Form One form per team

Please print clearly!
We are not responsible
for incorrect information!

Officials Only Total Paid:\$ _____ Transponder # _____
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Date: _____

Rider # 1
Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Country: _____ Phone # _____

E-mail: _____ Birthdate: _____ Age on January 1st: _____

Bike Brand: _____ CC: _____ Rider # _____

Emergency Contact Name: _____ Phone# _____

Sponsors: _____

Rider # 2
Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Country: _____ Phone # _____

E-mail: _____ Birthdate: _____ Age on January 1st: _____

Bike Brand: _____ CC: _____ Rider # _____

Emergency Contact Name: _____ Phone# _____

Sponsors: _____

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Pro Iron Man | <input type="checkbox"/> Lightweight 125cc-250F | <input type="checkbox"/> 85cc-150F |
| <input type="checkbox"/> Pro Tag Team | <input type="checkbox"/> Vet 70+ | <input type="checkbox"/> 65cc-110F |
| <input type="checkbox"/> Amateur Iron Man | <input type="checkbox"/> Geritol 80+ | <input type="checkbox"/> Women's Open |
| <input type="checkbox"/> Heavyweight 250cc-450F | <input type="checkbox"/> Legends 100+(min age 45) | <input type="checkbox"/> Parent/Child |
| | | <input type="checkbox"/> Jack & Jill |

initials: _____ I have read the Airway X current rules. (available at AirwayX.com)

initials: _____ I understand that images and video taken of me at Airway X
may be used in advertisements, social media, track promotions, etc.