



2006 RMax Membership Application

Date _____ USRMC Home Series _____

Class 1 _____ Class 2 _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____ DOB _____

Current Race Licenses _____ Engine Serial Number _____

Chassis Brand / Year _____ Driving Suit Brand _____

How did you find out about Rotax? _____

Years driving karts _____ What year did you first become a USRMC Member _____

Are you a Past National Champion _____ If yes, what year and class _____

➔ I understand that it is my responsibility to have my RMax membership card in my possession at every Official Rotax Max Challenge Event. I also understand that it is my responsibility to read and understand all rules of the USRMC and Rotax for operations, procedures and rules of Official Rotax Max Challenge Events.

➔ Operation of my kart is to take place only on a closed circuit designed for racing.

➔ I have never held an International Grad A or B License. I understand that if I do during 2006, I will no longer be eligible to compete in the RMax Challenge.

➔ I understand that with my RMax Membership I may participate and gain punches toward my designated Grand Regional in any Official US RMax Challenge Series event.

➔ My signature below indicates I have read and understand all of the statements listed above.

Signature _____ Date _____

Free RMax T-Shirt

(Circle One) S M L XL XXL

Club RMax Membership Fee: \$50.00

- Membership Benefits Include:
- RMax Competitor's License
 - RMax Club T-Shirt
 - 1 Year Subscription to National Kart News
 - Rotax Decals

Total \$ _____

If under the age of 18 a parent or guardian must sign and print name verifying age. ➔

Print Name _____

Sign Name _____

Credit Card # _____ (No Discover Cards) Exp. _____

Billing Address on CC Statement _____

Fax to: (760) 864-1323 Mail to: RMax Challenge, Po Box 2817, Palm Springs, CA 92263
Please make checks payable to: RMax Challenge

Questions / Comments: jr@rmaxchallenge.com or (760) 864-1320 x29

License Number _____ RCVD _____ Sent _____