

BAY CITIES RACING ASSOCIATION – MEMBER FORM – 2023

Motorsports Participant Enrollment Form
Individual Accident Program

NAME _____

ADDRESS _____

AGE _____ TEAM DUTIES _____

TYPE OF MEMBER: Please mark what applies to you. This is not an invoice; The Amounts are for K&K Insurance.

Midget/Lightning Sprint Driver or Owner/Driver: _____ \$45.00

Vintage Driver: _____ \$38.00

All Associates/ Car Owner: _____ \$35.00

COVERAGES: \$50,000.00 Excess Medical * & \$5,000 AD & D

*** coverage is excess over track's existing Medical Program - Minimum \$15,000.00**

Signed _____

Dated _____