



2012 TQRA Membership Application

Individual Membership:

Name		D.O.B	
Mailing Address			
City	State	ZIP	
Home Number	Quad Brand		
Cell Number	Trackside ID		
E-Mail Address	Race Number	1 st Choice	2 nd Choice 3 rd Choice
2012 Race Class(s)	1.	<u>Shirt Size – Circle One</u> Youth or Adult S M L XL XXL	
	2.		
	3.		

Additional Family Members:

Name		D.O.B	
Mailing Address			
City	State	ZIP	
Home Number	Quad Brand		
Cell Number	Trackside ID		
E-Mail Address	Race Number	1 st Choice	2 nd Choice 3 rd Choice
2012 Race Class(s)	1.	<u>Shirt Size – Circle One</u> Youth or Adult S M L XL XXL	
	2.		
	3.		

Additional Family Members:

Name		D.O.B	
Mailing Address			
City	State	ZIP	
Home Number	Quad Brand		
Cell Number	Trackside ID		
E-Mail Address	Race Number	1 st Choice	2 nd Choice 3 rd Choice
2012 Race Class(s)	1.	<u>Shirt Size – Circle One</u> Youth or Adult S M L XL XXL	
	2.		
	3.		

Each Member must sign below:

I understand the risks of injury, and assume all risks, involved with participation in the Texoma Quad Racing Association in which I voluntarily participate. I hereby irrevocably and forever release, discharge, indemnify and hold harmless the organizers, sponsors and promoters of the Texoma Quad Racing Association and all persons relate thereto from any and all claims, liabilities, demands, and causes of action of every and any kind, nature or description to which I may be otherwise entitled because acknowledgement and release is binding upon myself, and my heirs, executors, agents, and assigns. I promise to promote good sportsmanship at all TQRA events and am responsible for the sportsmanship of any guest that I may bring to an event, I have read and understand the 2012 TQRA rules and agree to abide by them.

I have read the above release and agree to its terms.

Note: Anyone racing in an age-restricted class MUST attach a copy of their birth certificate with their Membership Application!!

Print Name: _____ Signature: _____ Date: _____

Adult Name (if Minor): _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Adult Name (if Minor): _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Adult Name (if Minor): _____ Signature: _____ Date: _____

TQRA Fee Schedule		
1 Member	\$50	Note: Family Discount applies to sibling/parents only. Cousins, second cousins, great aunts etc will not be discounted.
2 Family Members	\$90	
3 Family Members	\$120	
4 + Family Members	\$140	

Please make checks/money orders payable to:

TQRA

3300 N. Galloway Ave. #304 PMB # 18

Mesquite, TX 75150