



Date received (office use only): \_\_\_\_\_

# OREGON MOTORCYCLE ROAD RACING ASSOCIATION

## 2012 Superteams Entry Form

Event Date: \_\_\_\_\_

**1. TEAM NAME:** \_\_\_\_\_

**2. TEAM SPONSORS** (limit 2 for PA announcements): \_\_\_\_\_

**3. RIDER #1:**

Name:	Phone: (     )
Address:	Email:
City, State, Zip:	
Do you have medical insurance? * Yes <input type="checkbox"/> No <input type="checkbox"/> ____ initial here * You must have medical insurance to race at PIR.	
Race License Organization:	Expert or Novice?

**4. RIDER #2:**

Name:	Phone: (     )
Address:	Email:
City, State, Zip:	
Do you have medical insurance? * Yes <input type="checkbox"/> No <input type="checkbox"/> ____ initial here * You must have medical insurance to race at PIR.	
Race License Organization:	Expert or Novice?

**5. BIKE INFORMATION:**

	Bike Number	Make	Model	Year	Displacement
Bike #1					
Bike #2					

**6. ENDURANCE CLASSIFICATION** – circle yours:      Heavy      Middle      Light  
 (see Appendix B in OMRRA Rule Book)

**7. ENTRY FEES** (write in those that apply, and total at bottom):

Superteam	\$150.00 per team	\$	Race fee includes race practice the day of the event <u>only</u> . INJURED RIDER FUND (IRF): Donations voluntary, but appreciated!
Donation	IRF	\$	
<b>TOTAL</b>		\$	

**8. PAYMENT** (Cash / Check / Money Order / Visa / Master Card only):

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Check or money order (US Dollars) to: PO Box 6388 Portland, Oregon 97228 USA. Refunds must be requested in writing.

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