



**OREGON MOTORCYCLE ROAD RACING ASSOCIATION**  
Worker Reimbursement Form

**Please fill out this form and email to:**

info@omrra.com

treasurer@omrra.com

***You do not need to print this form - simply include all of the requested information in the body of the email!***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Worked: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Job Worked: \_\_\_\_\_

Amount to be reimbursed: \$ \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Oregon Motorcycle Road Racing Association - PO Box 6388 Portland, Oregon 97228 –

[www.omrra.com](http://www.omrra.com)

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