

TEAM COMMITMENT FORM

TEAM NAME: _____

RIDERS NAME (PRINT): _____

RIDERS ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NBL #: _____ BIRTHDAY: _____ AGE: _____ CLASS: _____

I desire to race for this team for the 2008 State Season. I understand that once I make a commitment to this team that I cannot compete for another team on the state level, until after April 1st, 2008.

RIDERS SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____
if rider is under 18 years of age

TEAM MANAGER'S SIGNATURE: _____ DATE: _____

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