

# CAMPER AND GUARDIAN REGISTRATION FORM

*All information is mandatory!*

CAMPER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS (if dif.): \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Are you camping at the track or staying off site? \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL CITY: \_\_\_\_\_

SCHOOL STATE: \_\_\_\_\_ SCHOOL ZIP: \_\_\_\_\_

**If parent/guardian cannot be reached, in emergency call:**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL/WORK** \_\_\_\_\_

**Riding Ability** (circle one):    Novice                    Intermediate                    Expert

**Bike Size** (circle one):    50cc    65cc    mini[85cc/105cc, 150cc(4str)]

   125cc(2str)    250cc(2str)    250cc(4str)    450cc(4str)

**Bike Brand:** \_\_\_\_\_

**Bike Number:** \_\_\_\_\_

**Financial Information:**

Camper Fee (\$395) \$ \_\_\_\_\_

Scholarship- Please help us help others \$ \_\_\_\_\_

Weekend Meal Pass Non-Rider (\$60) \$ \_\_\_\_\_

(All meals are provided for riders)

**TOTAL** \$ \_\_\_\_\_

Less Registration Deposit \$ \_\_\_\_\_

(minimum of \$100 deposit required)

**Camper Balance Due** \$ \_\_\_\_\_

Make checks payable to: **TN FCA MX** (please write "mx camp" in memo.)

**Credit Card Information:**

Credit Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Billing Address for this Card: \_\_\_\_\_  
\_\_\_\_\_

***Remaining balance must be paid with cash or check on the day of the event.  
Credit Card enrollment will be accepted up to and including Monday, June 21st***

**Child Care Services:**

Child Care is available as needed.

How many children? \_\_\_\_\_ Age(s): \_\_\_\_\_

**Fax or Mail to:**

615-790-7257

2010 TN FCA MX Camp  
c/o Rose Carney  
1406 Saybrook Trail  
Thompson's Station, TN 37179

**OFFICE USE ONLY** Name on check: \_\_\_\_\_

Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Camp Fees Included: