**Registration Form**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Gender:  Female  Male

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Contact Email**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Motorsports Organization Membership?**

Sports Car Club of America (SCCA)  
 National Autosport Association (NASA)  
 None

**Previous Competitive Experience**

None  
 HPDE/Track Days  
 Autocross  
 One Year  
 Two Years  
 Over two years

**Racing License**

None  
 SCCA  
 NASA  
 FIA

I agree that I will abide by all the rules of the NorCal Time Trial Series (NCTTS). I recognize that Motorsports are inherently dangerous. I hereby release, discharge, and/or otherwise indemnify NCTTS, their employees and associated personnel and volunteers, including the facilities used for events, against any claim by or on behalf of the registrant as a result of my participation in the series.

By signing below, I hereby agree and authorize the above.

Registrant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_