



MEMBERSHIP FORM

1st Pick _____ 2nd Pick _____
OTHG # _____ R OTHG # _____ R CHECK # _____

NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

JACKET/SWEATSHIRT SIZE: _____ HOME PH. _____

OCCUPATION: _____ CELL PH: _____

EMERGENCY CONTACT: _____ PHONE. _____

E-MAIL: _____ (Newsletter will be e-mailed)

(Circle One)
AGE CLASS 30+ 38+ 45+ 52+ 58+ 65+
(Circle One)
SKILL CLASS BEG. NOV. INT. EXP. MASTER WOMEN

UNDER THE ARTICLES AND BYLAWS OF THE OVER THE HILL GANG ASSOCIATION, I HERBY AGREE TO CONFORM TO AND COMPLY WITH ALL RULES GOVERNING ALL COMPETITIVE EVENTS WHILE PARTICIPATING AS A MEMBER OF THE OVER THE HILL GANG ASSOCIATION. I FURTHER AGREE TO HOLD HARMLESS THE OFFICERS AND MEMBERS OF THE OVER THE HILL GANG ASSOCIATION, AND ANY PROPERTY OWNERS, FOR ANY LOSS OR INJURY TO MYSELF, MY PROPERTY, OR ANY FAMILY MEMBER ACCOMPANYING ME TO A COMPETITIVE EVENT. I DO ALSO AGREE TO ASSUME RESPONSIBILITY FOR ANY PROPERTY DAMAGE I KNOWINGLY INITIATE. I ACKNOWLEDGE THAT MOTOCROSS IS A DANGEROUS SPORT.

NAME: _____ DATE: _____ 20

SIGNATURE: _____

MAIL THIS FORM WITH \$25.00 PAYABLE TO OTHG TO:

O.T.H.G. Club
P.O. Box 50674
SPARKS, NV 89435

PLEASE PRINT CLEARLY