



2021 GLS SUPPORTER FORM

2021 GREAT LAKES SPRINTS MEMBERSHIP FORM

APPLICANT INFORMATION

Name:		
Date of birth: (MM/DD/YY)	Cell Phone:	Alt Phone:
Current address:		
City:	State:	Zip Code:
Email:	Birthplace:	

EMERGENCY CONTACT *(REQUIRED SECTION)*

Name of Emergency Contact 1:		Relationship:
Phone:	Alt Phone:	
Name of Emergency Contact 2:		Relationship:
Phone:	Alt Phone:	

GENERAL INFORMATION *(OPTIONAL INFORMATION BUT HELPFUL FOR SERIES)*

Marital Status:	Spouse's Name:
Favorite Color:	Children's Names:
Favorite Driver:	
Favorite Track:	
Twitter: @	Facebook:
Website:	Shirt Size:

OFFICE USE ONLY

Paid:	Amount Paid:	Received by:	Date Completed:
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SIGNATURE

I authorize the information provided on this form.	
Signature of applicant:	Date:

******* THANK YOU FOR YOUR SUPPORT! *******