	CLASSIFICATION	TRANSPO)NDER#	RIDER #
2021 New England Sports Committee				
Moto-X Application				
Renewal 2020 RIDER # New Applicant Number Preferences	<u>WRITE</u>	TRANSPONDER	NUMBER ONLY	IN BOX ABOVE
To retain your 2020 Number proper Note: Membership fees do not include the transponde application. If you do not own a transponder you must own a Flex, X2 or TR2 transponder, be sure you have it ALL FORMS WITH MISSING OR IN	forms and fees must r. All members must provi order one at www.mylaps activated before your first	ide us with the My s.com. You must h race. <u>We do not re</u>	vlaps number befo nave one to ride w e <mark>nt transponders</mark>	ore we process you vith NESC. If you sito members.
PLEASE PRINT (We must be able to read all int	ormation on this form)			
First Name Midd	le Initial Last Nan	ne		
Mailing Address		_ Home Pho	one	
City		State	Zip Code	.
Date of Birth (Mo-Day-Yi	·) E	Bike Brand:		
E-Mail Address:		CHEC	K RIDING CL	ASS(ES)
What is your rider classification? []Pro Expert []Expert []Amateur []No []Youth/Vet B []Youth/Vet C []Female [What is the highest rider classification you have he]50cc []65cc []85	250 [fcc 45+ [] Youth()	50+ [] 55+ Supermini [30+[] 40+[
What year? Last riding number(s) If you ride/rode at non-NESC events, what class				ease explain.
Signature of rider:				
*All youth riders (18 and under) will be assigned numbers followed assigned as part of their number. Y's and V's must appear on your	bike plates. <u>If your NESC card ha</u>	s a letter after the nur	mber, then you MUST	<u>Γ use it.</u>
**Copies of birth certificates/driver's licenses are only required for new **FORMS RECEIVED WITHOUT PROOF OF AGE WILL BE RET		who did not join in 22	07. Please send only no	<u>on-returnable copies</u> .
***False or misleading statements and or answers on this or any or classification changes made within other organizations must be re				ition. Rider
The promoters and or the New England Sport participant must provide his/her own and must				
EMERGENCY INI	ORMATION, In An Emerg	ency Notify:		
NameR	elationship	Telephone	:()	
Address:City:	State:	Zip Cod	le:	
I agree to conform to and comply with all rules set forth by the New Er members, agents, representatives and officials. All events officials, an premises, or any officers thereof, and other riders and mechanics, froi bodily injuries and property damage arising out of my participation in a ambulances, hospitals and other medical expenses and any other loss of sanctioned event.	d all promoting organizations and the many and all liability, loss, damage, any event sanctioned by the NESC,	heir respective member , costs, claims and or ca and I assume respons i	s, officers and officials, auses of action, includi bility for all expenses f	, the owner (s) of the ing but not limited to all for physicians,
This form must be notarized for all riders und	er 18 years old	MEMBE	ERSHIP FEES	
Personally Appeared:		Members must own Mylaps transponders: By mail: post marked by 1/31/20 \$75.00		
Before me thisday of		Additional	st marked after 1/ members per ho ers\$50.00 eacl	ousehold with
Notary Public:		by 1/31/21;	ers\$50.00 each ; after 1/31/21 perships at trac	.\$75.00 each
Signed:		NO FAMIL	Y DISCOUNTS A	AT TRACKS
(If under 18 must be signed by parent or guardian	ı and notarized)		nail forms to: N. 609 N. Berwicl	

CLASSIFICATION

All information on this form is for the sole use of the New England Sports Committee and shall not be disclosed or used for any other purpose without express written consent of the NESC.