



Ultimate Canadian Motorsports Assoc.

BIB #

MEMBERSHIP FORM

First Name: Last Name:

Address: PH: / /

City: Cell # / /

Prov/State: Postal Code/Zip:

Birth date: DD / MM / YY Age:

Fax: E-mail Address:

Sled: Arctic Cat Ski Doo Polaris Yamaha Other

CHOICE OF BIB NUMBER (Max. - 3 digits or 2 digits and one letter)

First Choice Second Choice Third Choice

Race Classes

Name of Parent / Guardian of minor

Signature

If you send in your membership form and payment before:

Table with 3 columns: Date, 120 Racers, All other classes

All prices are in Canadian Funds

Www.ucmaracing.ca
Email: Jake@ucmaracing.ca

Phone: 204-757-7630

Please make all cheques payable to: UCMA
Mailing address: UCMA
PO Box 418, Stn Main
Selkirk, MB
R1A 2B3