

**THUNDERHILL PARK**  
P.O. BOX 966 – WILLOWS, CA 95988  
OFFICE: 530 934-5588 – FAX 530 934-8794

**2015 TRACK PARTICIPANT FORM**

**VERY IMPORTANT !!      FORM MUST BE COMPLETE AND LEGIBLE:**

\* DATE: \_\_\_\_\_, 2015

**DRIVER OR RIDER**

\* NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

\* EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

\* PERSONAL MEDICAL INSURANCE CARRIER: \_\_\_\_\_

\* COMPETITION LICENSE TYPE: \_\_\_\_\_ EXP \_\_\_\_\_

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**#2 DRIVER OR**

\* PASSENGER \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

\* EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

\* PERSONAL MEDICAL INSURANCE CARRIER: \_\_\_\_\_

\* COMPETITION LICENSE TYPE: \_\_\_\_\_ EXP \_\_\_\_\_

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\* MAKE OF CAR or BIKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ CAR or BIKE # \_\_\_\_\_

**\*\*If no medical insurance driver must sign medical risk acknowledgment form.**

**I the undersigned have read and signed the Thunderhill Release and Waiver Form.**

\_\_\_\_\_  
1st Driver or Rider Signature

\_\_\_\_\_  
2nd Driver or Passenger Signature

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