

NITRO- Membership Application

Return to:

Ralph Littlefield

400 S. Goodling

Winnebago IL 61088

Ph# (815) 335-2749

Name: _____

AMA# (if AMA Member): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

What motorcycles do you currently own? _____

Observed Trials Level:

Vintage ___ Youth ___ Novice ___ Int ___ Adv ___ Sport ___ Exp ___

I understand that NITRO cannot assume responsibility for any aspect of my safety and that if I participate in any sanctioned meet. I do so voluntarily on my own assessment of my ability, the course, and all facilities and conditions, assuming all risks, and I release and hold NITRO harmless for any injury or loss to person or property which may result therefrom. I understand that this means that I agree not to sue NITRO for any injury resulting to myself or my property at any such meet.

Signature (required): _____ Date: _____

Enclose \$10 membership fee for individual membership or \$15 for family membership and return it to the address listed above

In addition to my membership fee, I would like to make a one time donation of \$ _____ to the Northern Illinois Trials Riders Organization (NITRO), in support of their continuing efforts to promote Observed Trials.