



Central New York Mini Sprints, Inc  
 6328 Kelly Road  
 Sodus, New York 14551  
 email: cnyms15m@aol.com  
 website: www.cnyms.com

**2008 A-Verdi Storage Containers  
 Central New York Mini Sprint Tour**

**Associate Application**

‡ Required Information

Team Name: \_\_\_\_\_

Car #: \_\_\_\_\_

Associate (\$30 \*Fee explained below)

Name ‡ \_\_\_\_\_

Address ‡ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (i.e.: myname@myprovider.com) \_\_\_\_\_

Emergency Information (‡):		
_____	_____	Blood Type _____
Name _____	_____	Allergies _____
Relationship _____	_____	Last Tetanus _____
Home Phone _____	Alternative Phone _____	

<b>INJURY RELEASE (**)</b>	
<b>I AGREE THAT WHEN I PARTICIPATE IN ANY CENTRAL NEW YORK MINI SPRINT, INC. (CNYMS) EVENT OR FUNCTION, I DO SO AT MY OWN RISK AND THAT CNYMS IS NOT RESPONSIBLE FOR MY SAFETY OF BODILY INJURY OR ANY DAMAGE TO PROPERTY BELONGING TO MYSELF.</b>	
Signature _____	Date _____

Fees(*): \$30 — <b>Associate Membership</b> (pit entry fee discounts (where applicable))
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**Make Checks Payable to:**  
 Central New York Mini Sprints, Inc  
**Return to:**  
 6328 Kelly Road  
 Sodus, New York 14551

\*\* If the member is less than 18 years old a Minor's Release is required.

<b>Office Use Only: Payment Rec'd</b>		
Amt _____	Dt _____	Ent _____