



TEAM S.S.R APPLICATION FORM

PREVIOUSLY APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO	ATHLETE TYPE <input type="checkbox"/> PIT BIKE <input type="checkbox"/> DIRT BIKE <input type="checkbox"/> ROAD BIKE <input type="checkbox"/> UTV <input type="checkbox"/> CYCLING / BIKING <input type="checkbox"/> OTHER _____	RIDING EXPERIENCE _____ YEARS _____ MONTHS	HOW MANY TIMES DO YOU PRACTICE? _____ PER WEEK _____ PER MONTH
---	---	--	--

I N F O	Name:		Date of Birth: / /
	Weight:	Height:	T-shirt Size:
	Education:		
	References:		

C O N T A C T	Address (No PO Box Numbers):		
	City:	State:	Zip Code:
	Home Phone:	Cell Phone:	E-mail:
	Facebook:	Twitter:	
	Instagram:	Website:	
	Other Social Media:		

Racing Class	Racing Series	Vehicle Year
Vehicle Make	Vehicle Model	Engine Size
Sanctioning Body	Season Length	Racing #'s

<p style="text-align: center;"><u>IMPORTANT - READ CAREFULLY!</u></p> <p>Applicant acknowledges that completion of these documents are non-binding until approved by SSR Motorsports Team S.S.R. Program.</p> <p>Please complete this application and return with your <u>RESUME</u>, <u>PHOTOS</u>, and copy of <u>RACING LICENSE</u> for consideration.</p>	<p>Why support me?</p> <hr/> <p>How did you hear about SSR Motorsports / Team S.S.R.?</p>
--	---

Current Sponsorships:

Accomplishments (Please find the top three (3) and list below)

- 1.
- 2.
- 3.

Season Goals	Future Plans
---------------------	---------------------