



## **IKO Mini Cup Series 2011 Membership Form**

Driver Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Car Number: (Numbers will be held from last season until April 1<sup>st</sup>)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Membership Fees: (1-Associate Membership required for each junior driver)

Driver \$50.00

Associate \$25.00

Make Checks Payable to: ***IKO Series***

Mail To: 1579 Eastwood Ave

New Albany, IN. 47150