PACIFIC RACING ORGANIZATION

P.R.O. MEMBERSHIP FORM

741-D Stevenson Ave.
Enumclaw, WA. 98022
Tel: (360) 825-2106
Fax: (360) 825-2663
www.devolracing.com

Name:	**Date:**
Mailing Address:	**Birthdate:** **Age:**
City:	**Email:** @
State: **Zip:**	**T-Shirt Size:** Small - Medium - Large - XLarge - XXLarge
Phone: **Cell:**	**Emergency Contact:**
Social Security #: _____-_____-_____ (Pro's Only)	**Phone #:**
	Relationship:

P.R.O. MEMBERSHIP: $30.00

Racing Number Preference:
(don't leave blank)

First choice accepted unless other notified.

Motorcycle Brand: HONDA - KAWASAKI - SUZUKI - YAMAHA - KTM - OTHER:_____ (circle as applies)

Bike Size: 50cc - 65cc - 85cc - 125cc - 250cc - 450cc - Other_____ (circle as applies)

Competing Class: Pro (A) - Int (B) - JR (C) - Beg (D) - Women - Vet (circle one)

Riding Interests: **M**otocross - Supercross - Arenacross - Offroad - Enduro - Pitbike - Trail (circle as applies)

Sponsors:

_____ _____

_____ _____

_____ _____

_____ _____

Register one of the following ways:

MAIL TO:
Pacific Racing Organization
741-D Stevenson Ave.
Enumclaw, WA. 98022
(make checks payable to P.R.O.)

ONLINE:
www.devolracing.com

FAX:
(360) 825-2663

For more information contact:
Garrett DeVol - (360) 825-2106
Katie DeVol - (360) 825-2106

Credit Card Info: Name on Card:_____

☐ VISA
☐ MASTERCARD

P.R.O. is authorized to charge my credit card

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ – ☐☐☐ Last 3 digits on back

Signature:

Exp Date: ☐☐ – ☐☐

For Official Use Only:

New Member:_____ **Renewal:**_____ **Membership ID:**_____ **PAID: YES / NO** **INITIALS:**_____