



2015 EMRA Race License Renewal Form

Note: This form is for renewals only unless directed otherwise. Please check your 2014 license to ensure that your medical examination form is up to date. If you have a license with a race group recognized by EMRA and would like an EMRA license, please send a copy of that license with this form along with a completed medical examination form. The licensing fee is \$75. Please send completed form and check or money order to:

EMRA
C/O Mary Cox
342 Starr Blvd.
Calverton, NY 11933

Name: _____

Address, City, State, Zip _____

Phone: _____ Email: _____

Date of birth: _____ 2014 EMRA Race License Number _____

Are you a member of an EMRA Club? (circle all that apply)

(Club membership required for championship points)

SSSC&BDS

LISCA

LICOA

LIVERPOOL

BSCOA

SPERRY

Routine Medications: _____

Last Tetanus Shot: _____ Current Medical Expiration Date: _____

Drug Allergies: _____

Special Conditions: _____

Changes since last physical: _____

NUMBER RESERVATION: Please supply 3 numbers in order of preference that you want to reserve ____ _

Email: Registrar@emraracing.org