



Mount Southington Race Team

JDATC Parents' Association

Information Form 2018-2019 Season

Father _____

Email Address _____

Home Phone _____ Cell Phone _____

Address _____

Town _____ State _____ Zip _____

Mother _____

Email Address _____

Home Phone _____ Cell Phone _____

Address same as above (complete below if different)

Address _____

Town _____ State _____ Zip _____

I would like my contact information to be included in a race team directory to be shared with other race team families. (Check box).

RACER'S NAME	AGE As of 12/31/18	NEW RACER	CLASS (U10-U19+ FR, FS)	TEAM (Circle one)	Sizes Tee Shirt/ Sweat Sweat Shirt/ Pants/ Jacket
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____