2012 REQUEST FOR START PERMISSION

(Fill out completely - Print or Type)

Name: _____
(First/Middle/Last)

AMA/ATVA Membership #:_____ Exp. Date: _____
(AMA membership must be current through year applying for)

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Fax: (_____) _____ Email: _____

EVENT TYPE

Enduro	_____	Motocross	_____
Supercross	_____	Road Race	_____
Trials	_____	Speedway	_____
Other	_____		

Event Information

Visit http://www.fim-live.com/en/sports

Please allow 2 weeks for processing of Start Permission and FIM license requests

Date & Location of Event: _____IMN #_____
(MM/DD/YY) / Country
Event Title: _____

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(MM/DD/YY) / Country
Event Title: _____

Total Fees Submitted

Insurance $125 (Per Event)…… $ _____

Total Fees Submitted:..... $_____

Method of Payment

Check or Money Order # Enclosed (Payable to AMA):_____Amount: $ _____

Credit Card (√ one): _____Visa _____ MasterCard_____ Discover _____American Express

Card Number: _____ Exp. Date _____

Cardholder's Name: _____

Cardholder' Signature: _____

I understand any injuries sustained at FIM events must be reported to AMA on the first business day following the event.

Return to: American Motorcyclist Association
AMA Racing – Jane Caston
13515 Yarmouth Dr., Pickerington, OH 43147
Ph: 614-856-1910 ext. 1278; Fax: 614-856-1924; email: jcaston@ama-cycle.org