

2017



Hare Scramble Number Application

PRINT NEATLY - Please

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth ___/___/___ Phone (____) _____ -- _____

Email _____

AMA _____ Emerg number (____) ____ - _____ Name _____

ECEA CLUB _____ Bike Make _____ Model/CC _____

Enter 3 choices for a number from 16 thru 1000.1 to 15 reserved. example 16 123 888 NO letters

1st Choice _____ 2nd Choice _____ 3rd Choice _____

X Check your Class:

ADULT SERIES

Must ride the same skill level as other series or your classification, A MX, A HS, A Enduro

___ AA ___ A 86-200 ___ A 201-250 ___ A 251-+ ___ A VET ___ A Sen ___ A SSr

___ B 86-200 ___ B 201-250 ___ B 251-+ ___ B VET ___ B Sen ___ B SSr

___ Women A/B ___ C 85-200 ___ C 201-250 ___ C 251-+ ___ C VET ___ C Sen ___ CSSr

___ Sportsman ___ Women C ___ Masters 60+ ___ Grand Master 70+ ___ Legends 80+

___ Schoolboy 1 12-16 yrs 86-125cc 2 str, 75-150cc 4 str ___ Schoolboy 2 14-16 yrs 122-250cc

YOUTH SERIES - FastKIDZ - Copy of Birth Cert must be on file

PeeWee ___ 50cc Sr, 50cc 7-8 yrs (KTM/Cobra Sr's) ___ 50cc JR, 50cc 4-6 yrs (KTM/Cobra Jrs)

___ 7-8 50cc OI/AIR ___ 4-6 50cc OI/AIR (JR,PW,XR,CRF,TTR, KTM - AIR)

Juniors ___ 65cc 10-11 ___ 65cc 7-9 ___ 7-10 Trail 59-110cc 4 str, 80 air ___ Girls Jr 9-11 59-85cc

Youth ___ 14-16 SuperMini 79-112cc/150R ___ 12-13 Supermini 79-112cc/150R

___ 12-15 85cc ___ 7-11 85cc ___ 11-15 4 Stroke no 150R ___ 12-16 Girls Legal Mini

NOTE: You Must belong to a ECEA Club for year end award points, C riders exempt. An alternate to being in a ECEA Club, the ASSOCIATE (noclub) Fee must be paid

The ECEA encourages All riders to join an ECEA Club, it is fun, everyone is welcome.

FEES: Number only - Renewals, New Riders \$35.00

Associate (no club) Hare scramble rider* + \$35.00

Check ONE or BOTH

* only AA, A, B, Mas,GM,Wom AB, who are not in a Club, wanting to run for banquet points can apply for Associate Rider, C riders & FastKidz DO NOT

TOTAL DUE: _____

I agree that the information here is true and accurate. I agree that I will obtain, sign and process all appropriate waivers required by the AMA and the ECEA. I also agree to abide by all AMA and ECEA rules.

RIDER SIGN: _____

DATE / /

PARENT Sign: _____

SEND App and \$35 or \$70
 Check Payable to **ECEA HS**
Lisa Soudas
ECEA HS
341 Main St.
Dupont, PA 18641
 Q? email: Lsoudas@comcast.net
 570-954-4129