

## **VDKA MEMBERSHIP FORM 2025**

NAIVIE:		BIRTHDATE:	
STREET:	CITY:	STATE, ZIP:	
EMAIL ADDRESS:		PHONE:	
Please reserve my k	cart number as follows: <b>\$25.00</b>		
KART #:	CLASS:		<del></del>
Kart numbers are he the listed classes or	eld on a first come basis, per class. Y nly.	our reserved number will be held	d for the whole year in
NOTE: Racers 15 ar	nd under must have a birth certifica	te on file –	
Please send	a copy with your membership forn	n. #	
DKA	VDKA MEMBERSHIP F	FORM 2025	
NAME:		BIRTHDATE:	
STREET:	CITY:	STATE, ZIP:	
EMAIL ADDRESS:		PHONE:	
Please reserve my k	cart number as follows: <b>\$25.00</b>		
KART #:	CLASS:	<del>_</del>	
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