



OREGON MOTORCYCLE ROAD RACING ASSOCIATION
2017 Worker Reimbursement Form

Name: _____
Dates Worked: _____
Hours Worked: _____
Job Worked: _____
Amount to be reimbursed: \$ _____

May *OMRRA* contact you for future volunteer opportunities? _____

If yes:
Phone: _____ Email: _____

Oregon Motorcycle Road Racing Association - PO Box 6388 Portland, Oregon 97228 –
www.omrra.com - (503) 841-6185
Stay current with *OMRRA* via www.facebook.com/omrra.racing



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