

Date received (office use only): __

OREGON MOTORCYCLE ROAD RACING ASSOCIATION

2015 New Racer School Registration

School Date (circle one): April 17 or July 24

Name:	Phone	: ()	
Address:	Email:	Email:	
City, State, Zip:	Date o	Date of Birth:	
Do you have medical insurance? * Yes □ No □	_ initial here	* Required to race with OMRRA.	
Have you road raced motorcycles before? Yes ☐ No ☐			
If yes, how many years, when, with which club?			
Have you ridden at motorcycle track days before? Yes □	No □		
If yes, how many, and most recently in which rider group (type	oically A, B, or C	;)?	
Year of manufacture:	Make:		
2. MOTORCYCLE INFORMATION (the bike you will rad	ce):		
Model:	Displa	cement:	
3. ALSO REQUIRED FOR NEW RACER SCHOOL:	Displa	cement:	
Number of cylinders: 3. ALSO REQUIRED FOR NEW RACER SCHOOL: a. 2015 OMRRA Medical Form b. 2015 OMRRA Membership Form (check "Novice Rate") 4. How did you hear about OMRRA?	acer" box)		
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For your information security, please do not email this form to OMRRA. Fax or post only.

advance. OMRRA New Racer School runs rain or shine.

Office Fax: (971) 229-0624 Office Phone: (503) 841-6185 Email: omrrainfo@gmail.com