



2020 GLSRS MEMBERSHIP FORM

<i>2020 GREAT LAKES SIM RACING SERIES MEMBERSHIP FORM</i>			
APPLICANT INFORMATION			
Name:			
Date of birth: (MM/DD/YY)	Cell Phone:	Alt Phone:	
Current address:			
City:	State:	Zip Code:	
Email:			Birthplace:
IRACING INFORMATION <i>(REQUIRED SECTION)</i>			
Iracing Name:			
Primary Sponsor:		2 nd Sponsor:	
3 rd Sponsor:			
4 th Sponsor:		5 th Sponsor:	
GENERAL INFORMATION <i>(OPTIONAL INFORMATION BUT HELPFUL FOR SERIES)</i>			
Marital Status:		Spouse's Name:	
Favorite Color:		Children's Names:	
Favorite Driver:			
Favorite Track:			
Twitter: @		Facebook:	
Website:			Shirt Size:
OFFICE USE ONLY			
Paid: N/C	Amount Paid: \$0.00	Received by:	Date Completed:
SIGNATURE			
I authorize the information provided on this form.			
Signature of applicant:			Date:

- *Need Picture of your car**
- *Need Selfie Picture for broadcast**
- *Please Like GLSRS and iracing pages on Facebook**

******* THANK YOU FOR YOUR SUPPORT! *******