



**PRESIDENT: Mark Kapuscinski**

**TREASURER: Tracy Stuart**

**SECRETARY: Mary Quonce**

## 2024 SYRACUSE MICROD CLUB REGISTRATION

**Mailing Name & Address:**

**Parent/Guardian Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Cell Number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional Email:** \_\_\_\_\_

<b>SYRACUSE CLUB DUES</b>	<b>\$ 125.00</b>
<b>NYSMA CAR REGISTRATION \$25.00 PER CAR*</b>	<b>\$</b>
<b>NYSMA INSURANCE \$20.00 PER PERSON*</b>	<b>\$</b>
<b>Note: Current members who do not register by March 17, 2024 will be assessed a penalty of \$25.00 LATE FEE DUE</b>	<b>\$</b>
Venmo - @Syracuse-Microd Check or Money order	<b>TOTAL DUE</b> <b>\$</b>

**\*These amounts are forwarded to N.Y.S.M.A. You do not have to pay these fees again when you register with N.Y.S.M.A.; just fill out the N.Y.S.M.A. form and return with this form.**

**A copy of each driver's birth certificate must be turned in with all new registrations.**

**Checks/money order should be made payable to SMQMC and mailed to:**

**TRACY STUART 235 WEST 5<sup>TH</sup> STREET OSWEGO, NY 13126**

**I, the undersigned and my family, agree upon acceptance of membership into the Syracuse Microd and Quarter Midget Club, Inc., not to hold the organization or any member responsible for injury, personal or property, while participating in any club activity.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# NYSMA

**INSURANCE IS REQUIRED FOR anyone who is on the race track, in the infield, the Pit Area, Scorer's Tower, or Concession Stand.**

## 2024 Registration and Insurance Form

### PLEASE PRINT—Membership Mailing Information

Driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Phone numbers** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian(s) name(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home track affiliation: \_\_\_\_\_

### ACTIVE MICROD CLUBS

- Mid-State Microd Club
- Sodus Microd Club
- Southern Tier Microd Club
- Syracuse Microd Club

### DIVISIONS AND CLASSES

- **Microd Division**  
Junior Novice Class  
Novice Class  
5 HP Limited Class  
Stock Class
- **Open Wheel Division**  
Junior Novice Class  
Novice Class  
5 HP Limited Class  
Stock Class  
Superstock Class

## Car Registration Information

**Check boxes below ONLY if you are NOT registering a car, but need to be in the Pit area:**

- Other Family Member(s)
- Non-Family guest(s) Officials Only (Flagger, Announcer, Pit Steward)
- Extra Handler or Pit Crew person

**Associated with car # \_\_\_\_\_**

### Car #1

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

### Car #2

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

### Car #3

**Car number:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Driver's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Car handler's name(s):** \_\_\_\_\_

## Accident Insurance Coverage

Primary coverage is \$25,000 per person/incident, \$10,000 accidental death or dismemberment. **List first and last names of ALL persons to be insured** INCLUDING driver, other family members, non-family member or others(see box above).

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**My signature below affirms that I understand the coverage that is provided by this insurance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL number of cars:** \_\_\_\_\_ **x \$25.00 per car=** \_\_\_\_\_

**TOTAL number to be insured:** \_\_\_\_\_ **x \$20.00 each=** \_\_\_\_\_

**TOTAL amount due =** \_\_\_\_\_

**PLEASE PAY THESE FEES TO YOUR CLUB.**