



**PRESIDENT: Mark Kapuscinski**

**TREASURER: Tracy Stuart**

**SECRETARY: Mary Quonce**

## 2025 SYRACUSE MICROD CLUB REGISTRATION

**Driver Name:** \_\_\_\_\_

**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>CONCESSION STAND FEE</b>	<b>\$50.00</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 April 1, 2025 will be assessed a penalty of \$25.00</b>	<b>\$</b>
<b>LATE FEE DUE</b>	<b>\$</b>
<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 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**