



26 Kendall Pond Rd – Derry, NH 03038
Phone: 603.437.2400 Fax: 603.437.2415

2008-2009 RMR/ISOC EQUIPMENT REGISTRATION FORM

THIS IS THE ONLY FORM WE WILL ACCEPT – PLEASE SUBMIT TO YOUR CIRCUITS TECH DIRECTOR

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State/Prov _____ Country _____ Zip Code _____

Team Name _____

Class(es) entered _____, _____, _____

Bib Number _____ Primary Circuit _____

SLED

Brand _____ Year _____ Model _____

Chassis Serial Number _____ Engine Serial Number _____

SAFETY EQUIPMENT

Helmet Manufacturer _____ Rating (Minimum SNELL 2000) _____

Goggle Manufacturer _____ Boot Manufacturer _____

Upper body protection manufacturer (Moto X chest protectors are not legal) _____

Knee Brace Manufacturer (Recommended) _____

The above information is true. Any changes to the above information must be done prior any testing or competition at any ISOC event. Changes must be made in person, by the undersigned, to the appropriate ISOC registration personnel. Competitors under the age of 18 must have a parent or guardians signature.

Signature _____

Parent/Guardian _____