BILLINGS CLASSIC

CKG BILLINGS HARNESS DRIVING CHAMPIONSHIP SERIES NOMINATION FORM 2017

Driver's Full Name: **Nick Name:**	**Shirt/Jacket Size:** (circle one) Ladies: S, M, L Mens: S, M, L, XL, XXL
Address: **Street/PO Box:**	**Type of Driver License:** (circle one) Q/F P A D Other USTA/Standardbred Canada#: _____
City: **State:** **ZIP:**	**Occupation:** _____ **Colors:**
Home Telephone #: **Fax #:** _____ **Cell Phone #:** **e-mail address:**	**Business Telephone # :** _____ **Date of Birth:** _____ **Country of Origin:** **No. Years In Billings:**
Series Participation (Check Only One) • Regular Member (22yrs old & up) ($200.00) _____ • Student Member (16yrs – 21 yrs) ($50.00) _____ (Must be enrolled in a school) • Junior Member (18yrs – 21 yrs) (150.00)_____ • Patron Member: ($50.00) _____ (Permits 2 Drives)	**NOMINATION FEE REQUIRED** $200.00 (U.S. Funds) (if paid by April 15, 2017)** $50.00 (U.S. Funds)** $150.00 (U.S. Funds)** $50.00 (U.S. Funds)**

LATE NOMINATION FEE: Regular Member: $250.00 U.S. Funds (if paid after April 15, 2017)

Make checks payable to: DELVIN MILLER HARNESS DRIVERS ASSOCIATION

Mail to:
Delvin Miller Harness Drivers Association
240 Main Street
Goshen, NY 10924-2157

I hereby certify that I have reviewed the Conditions and Rules governing the 2017 Billings Series and understand that I can incur Penalty Points and suspensions from racing in the event that I violate those rules or conduct myself in a manner that is inconsistent with the best interests and the spirit of amateur sports competition.

By: _____ **Date:**_____