



APBA Junior Advancement Request Form



Fax signed form to fax number below or Mail to APBA:

APBA, 17640 East Nine Mile Road, Eastpointe, MI 48021

PHONE (586) 598-2856 FAX (586)773-6490

Rider Name _____
First Last

Address _____

City _____ State _____ Zip _____

Phone (____) _____

APBA Member # _____ Date of Birth _____

Emergency contact _____ Phone (____) _____

E-Mail Address (Very Important) _____

APBA USE ONLY
(Do not write here.)

Years Experience _____

Junior Ranking _____

Region _____

Approved by _____

Date _____

PLEASE ANSWER THE QUESTIONS BELOW:

What Classes did you compete in last season? _____

How many events did you attend in 2008? _____

What Classes do you plan on running in 2009? _____

Does the parent feel the racer is ready to race in advanced classes? ____ YES ____ NO

Parent/Guardian Signature _____ Date _____

Does the Junior racer feel he/she is ready to race in advanced classes? ____ YES ____ NO

Racer's Signature _____ Date _____