



Buffalo River Race Park
PO Box 30
Fargo, ND 58107

MX Practice Membership Form for 20__.

Print Name:

1. First _____ Last _____ Age __ Birthdate _____

If Family Membership – list additional riders – must be 17 or under:

2. _____ Age __ Birthdate _____

3. _____ Age __ Birthdate _____

Address: _____

City _____ State _____ Zip _____

Email address _____ Ph # _____

Emergency contact _____ Ph # _____

_____ Family \$400 (up to 3 riders)

_____ Single \$300

_____ Junior \$250 (Age 12 & under)

Please return to:

Buffalo River Race Park
PO Box 30
Fargo, ND 58107

Call 701-361-6676 for more information or email - go_racing_brrp@hotmail.com