



IKO Mini Cup Series 2010 Membership Form

Driver Name: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Team Name: _____

Parent/Guardian: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Car Number: (Numbers will be held from last season until April 1st)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Membership Fees: (Associate Membership required for all Future Stars members)

Driver \$50.00

Associate \$25.00

Make Checks Payable to: ***IKO Series***

Mail To: 1579 Eastwood Ave

New Albany, IN. 47150