

POLARIS 2014/2015 SNOWMOBILE RACING APPLICATION

Due: May 1, 2014		Please Print Clearly!
Today's Date:	_	Date of Birth:/
First Name:	Middle Initial:	Last Name:
Mailing Address Including P.O. Bo	ox:	
Street Address:		
City:	State/Province:	Zip/Postal Code:
County (you live in):	Day Pho	ne #: (
Work Phone #: ()	E-mail <i>i</i>	Address:
Polaris Dealer that you work with	ı, please provide Dealer Na	me and Phone Number below:
Have you been on the Polaris Rac	ing program before? YES	NO If YES, when?
How many years have you been r	racing? Years	
Please check the primary venue t	hat you are participating in	n as well as the Race Association.
☐ SNO-CROSS ☐ CROSS-COUNTRY	☐ IRON DOG ☐GRASS DRAGS	☐HILLCLIMBS ☐ICE OVALS
You must list below the racing as: Racing Association:	•	n during the 2014/2015 race season.
If you are selected to be a part of	the Polaris Race Program	please indicate your choice of model below:



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Please list the top five accompl	ishments that highlighted your 2013/14 race se	eason:
1	2	
3	4	
5		

APPLICATIONS MUST BE RECEIVED BY MAY 1, 2014 TO THE ADDRESS BELOW:

POLARIS RACING DEPARTMENT ATTN: RACE APPLICATION 10303 CALUMET AVENUE, SUITE 1 ROTHSCHILD, WI 54474 PHONE: 715-355-5157

FAXED or E-MAILED RACE APPLICATIONS WILL NOT BE ACCEPTED

Thank you, Polaris Race Department