

2009-2010 MEMBERSHIP APPLICATION

Acknowledgement of Risk & Release of Liability



Please return this application to P.O. Box 1608, Ennis, MT 59729 with a copy of your driver's license, proof of insurance and current registration for each vehicle listed below. You will also need to turn in the Conditional Usage Agreement for Big Sky Roadway/ Jack Creek Road.

ADULT INFORMATION

Adult #1: LAST NAME, FIRST NAME, M.I.

DATE OF BIRTH

Adult #2: LAST NAME, FIRST NAME, M.I.

DATE OF BIRTH

ADDRESS – Street Address, Mailing Address

ADDRESS – City, State, Postal Code

Cell Phone Number(s)

Home Phone Number

EMERGENCY CONTACT #1

RELATION

PHONE NUMBER

EMERGENCY CONTACT #2

RELATION

PHONE NUMBER

E-MAIL ADDRESS: If you would like to receive MVSC email correspondence, please fill in address

VEHICLE #1: Year, Make, Model, Color

License Plate Number

VEHICLE #2: Year, Make, Model, Color

License Plate Number

MINOR PARTICIPANT (UNDER 18) INFORMATION

MINOR PARTICIPANT #1

DATE OF BIRTH

MINOR PARTICIPANT #2

DATE OF BIRTH

MINOR PARTICIPANT #3

DATE OF BIRTH

MINOR PARTICIPANT #4

DATE OF BIRTH

