

**Hangtown Motocross Classic Worker Form**  
**Amateur Days Saturday 5/24 & Sunday 5/25**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Years of Flagging Experience: \_\_\_\_\_

Days you are available to work all day: \_\_\_\_\_ 5/24 \_\_\_\_\_ 5/25

Emergency Contact: \_\_\_\_\_

Health Insurance Provider and ID# \_\_\_\_\_ (must have)

DL # \_\_\_\_\_

Will you be camping: \_\_\_\_\_ Yes \_\_\_\_\_ No

How many guest tickets will you need for 5/24-5/25 \_\_\_\_\_

**MOTORCYCLE RACING IS A DANGEROUS SPORT. AS A TRACK WORKER THERE IS A CHANCE OF INJURY. BY SIGNING BELOW, YOU HAVE ACKNOWLEDGED THIS POSSIBILITY AND WOULD STILL LIKE TO BE A VOLUNTEER AT THE HANGTOWN MOTOCROSS CLASSIC AMATEUR RACES. AS ALWAYS YOU WILL BE REQUIRED TO SIGN AN OFFICIAL AMA PRO RACING LIABILITY WAIVER AT WILL CALL WHEN YOU OBTAIN YOUR WORKER PACKET.**

Date: \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please check which job you are signing up for:**

- \_\_\_\_\_ Flagger
- \_\_\_\_\_ Track Worker (must be pre-approved by DDNMC member)
- \_\_\_\_\_ Water (must be pre-approved by Warren Minster or Ray Spore)
- \_\_\_\_\_ Food Worker (must be pre-approved by Bill Goodno)
- \_\_\_\_\_ SAR/ Medical