

WORK DAY POINTS

Registration and Qualification

**RIDER COMPLETE TOP SECTION. FORM MUST BE PROVIDED TO MSHSS
5 WEEKS PRIOR TO WORK DAY EVENT**

Today's Date: _____

Name: _____

AMA Number: _____

Contact Phone Number: _____ DAY / NIGHT ?

Points Class: _____

Event Location and Date: _____

Promoter Name: _____

DO NOT WRITE BELOW HERE. SERIES USE ONLY:

Dave Received: _____

Received by deadline per rulebook: **YES NO**

Race Day:

PROMOTER: As the promoter of this event, I hereby verify and confirm that the rider above is an integral part of my event crew and will be at the event working the race all day long.

Promoter Signature: _____

Rider Presented themselves **IN RACE WORKER IDENTIFYING ATTIRE** to MSHSS personnel and verified they were at the event working.

Verified by: _____

Rider met all requirements for "work day points" **YES NO**