



SUPPLY Order Form

Event Information

NAME OF ORGANIZATION _____	
CONTACT PERSON _____	CHARTER NUMBER _____
SHIPPING ADDRESS (NO P.O. BOXES) _____	<input type="checkbox"/> Residence <input type="checkbox"/> Business
CITY/STATE/ZIP _____	PHONE _____
EMAIL _____	EVENT NAME AND DATE _____

Mail To: American Motorcyclist Association
 ATTN: Organizer Services
 13515 Yarmouth Drive
 Pickerington, OH 43147

Phone: (614) 856-1900

Fax: (614) 856-1921

E-mail: organizerservices@amacycle.org

* Please include "Supply Order - (Event Discipline)" in the subject line of your email.

Complimentary Items (Indicate Quantity of Each)

Membership

- | | |
|--|---|
| <input type="checkbox"/> AMA Membership Application Pad _____
<small>(Competition) 25 applications per pad</small> | <input type="checkbox"/> Tennessee Event Membership Application Pad* _____
<small>(Competition) 25 apps per pad</small> |
| <input type="checkbox"/> AMA Membership Application Pad _____
<small>(Recreation) 25 applications per pad</small> | <input type="checkbox"/> Tennessee Only Membership Sales Report* _____
<small>*Tennessee tax laws require these to be utilized.</small> |
| <input type="checkbox"/> Membership Sales Report _____ | |

Releases

- | | |
|--|--|
| <input type="checkbox"/> Adult Release & Waiver Form _____ (Sheets) _____ (Pack of 100)
<small>20 signatures per sheet</small> | <input type="checkbox"/> Minor Release Form Pad _____
<small>Minor's Understanding Form on back (50 per pad)</small> |
|--|--|

Annual Releases

- Minor Annual Release Form** _____
 Annual Releases are good for an AMA member to compete at events for the entire year. The member does not have to fill out a release at every individual event if they show their Annual Release card. For questions on Annual Releases, please contact the AMA office.

Miscellaneous

- | | |
|--|--|
| <input type="checkbox"/> Supply Order Forms _____ | <input type="checkbox"/> Referee Report Form (Competition) _____ |
| <input type="checkbox"/> Event Report Form (Recreation) _____ | <input type="checkbox"/> Injury Report Form _____
<small>(Six occurrences per sheet)</small> |

Items For Purchase (Indicate Quantity of Each)

<input type="checkbox"/> Recreational Statement of Responsibility Posters \$3 each _____ Set of 2 for \$5 _____ Set of 5 for \$10 _____	<input type="checkbox"/> 3' X 6' Black Poly AMA Banner _____ \$25 each
<input type="checkbox"/> Competition Statement of Responsibility Posters \$3 each _____ Set of 2 for \$5 _____ Set of 5 for \$10 _____	<input type="checkbox"/> Shipping Costs (If Sent Priority) \$ _____ <i>For Internal Use ONLY</i>
<input type="checkbox"/> Competition Rulebooks (\$5) _____	<input type="checkbox"/> Supply Total \$ _____

Payment Information

<input type="checkbox"/> Check (Checks payable to AMA)	<input type="checkbox"/> Money Order # _____	<input type="checkbox"/> Credit Card Select One: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
CREDIT CARD NUMBER _____		EXPIRATION DATE _____
CARDHOLDER NAME (AS IT APPEARS ON CARD) _____		CARDHOLDER SIGNATURE (REQUIRED) _____

ATTENTION: You will be charged priority shipping if there is insufficient time to standard ship before your event.