



Staff Registration Form (One form per person)

Name: _____

Contact Details:

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: (day): _____ Alt phone: _____

Email: _____

I am able to work: (check what applies)

SAT*	SUN	MON	TUE	WED	THU	*Sat= No Racing
ALL	ALL	ALL	ALL	ALL	ALL	
<i>Or</i>						
AM	AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	PM	

Area I wish to work: (check all that apply)

<i>Administration</i>	<i>Course</i>	<i>Scrutineering</i>
Front Gate	Pre-Staging	Inspection
Merchandise Sales	Starter	Impound
Registration	Spotter	
Assistant (runner)	Impound	

T-shirt Size: S M L XL 2XL 3XL **PREVIOUS STAFF:**
 Long Sleeve Short Sleeve Number of shirts needed: _____
 (*one t-shirt will be issued for each full day worked)

FULL TIME STAFF ONLY:

Hotel Details: Please reserve me a room _____ (all rooms double occupancy)
 I can share my room with: _____
 Smoking room _____ (all rooms non-smoking unless checked)

Credentials/comments: _____

Fax: 530-477-6386, Mail: 180 Spring Hill Dr, Grass Valley, CA 95945, Email

OFFICE USE ONLY:

Work Area(s): _____

- | | |
|-------------------------|--------|
| Added to staff list | Notes: |
| Staff Info issued | |
| Hotel reserved | |
| Meal Allowance \$ _____ | |
| T-Shirt(s) issued | |
| Med Form received | |