



HEARTLAND RIDER PROFILE

MEMBERSHIP ID # _____

Name: _____ Age: _____

Class: _____ Bike(s)/Quad(s): _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ Team Name: _____

What age did you start racing? _____

Awards/ Accomplishments? _____

What is your most memorable experience racing? _____

What is your favorite track? _____

Who is your favorite competitor? _____

What is your goal? _____

Sponsors: _____

Favorite Motto: _____

Please send at least 2 to 3 photos of your favorite riding pictures to race@heartlandmotocross.com

For any more questions please give me a call! Lisa (308) 215-0564 <http://www.heartlandmotocross.com/>