

2012 ZERO GRAVITY SPONSORSHIP REQUEST

Rider Name _____

Address _____

City/ State _____ Zip _____

Phone: _____ Email: _____

Race # _____ Age _____ Years Competing _____

Sanctioning Body: _____ Racer License #: _____

Class(es) _____

Motorcycle(s) _____

List your sponsors: _____

2011 Race Results:

DATE	EVENT	CLASS	RESULT

2012 Racing Objectives:

What are your plans for 2012? _____

Which bikes will you be campaigning? _____