

2017 ZERO GRAVITY SPONSORSHIP REQUEST

- Previously Sponsored by ZG
- New Applicant

Rider(s) / Team Name: _____

Street Address: _____

City / State: _____ Zip: _____

Phone #: _____ Email: _____

Race Number(s): _____ Age(s): _____ Years Competing: _____

Class(es) / Level Competing: _____

Motorcycle(s) used for competing: _____

Current Sponsors: _____

Website & Social Media Pages: _____

2016 Race Results:

DATE	EVENT	CLASS / LEVEL	RESULT

What is your objective for 2017? _____
