



www.motorscooterlandspeedfederation.org
525 "B" Street, Suite 1500, San Diego, CA 92101
(619) 852-6985

Rider: _____ Rider No. _____ Driver's License No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Person to Contact in Case of Emergency: _____ Relationship: _____

Medical Insurance Provider: _____ Policy No.: _____

Medication Allergies: _____

Scooter Make: _____ Model: _____ Year of Manufacture: _____

Actual "cc" Displacement: _____ Bore (mm): _____ Stroke: (mm) _____ License No.: _____

Is your scooter fitted with its original engine? ____ Yes ____ No. If not, please describe: _____

Color of Scooter: _____ Color of Helmet: _____ Color of Apparel: _____

I certify the foregoing information is true and correct.

Date: _____

Signature



Lambretta
CLUB USA

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