

Human Powered RaceAmerica

Event Insurance Application

Name of Event _____ Event Date/s _____
Promotor(s) Name _____
Address _____ City _____ St _____ Zip _____
Phone # Home _____ Business _____ Fax _____
E-Mail _____

Location of Event _____
Address _____ City _____ St _____ Zip _____

Additional Insured Party(s)

Signature of person submitting application:

_____ signature _____ date signed

Complete this form and send with a check for \$55.00 per day of event (payable to Indiana Chapter IHPVA) at least 30 days prior to the event to:

Don Barry
HPRA
P.O. Box 21
Mooresville, IN 46158
or
Fax 317-831-8798

Further questions about insurance contact Don Barry day 317-831-0261
night 317-831-0517

