

## **2024 PROMOTER Charter Application**

Eligible to sanction AMA events

## **Requirements for Charter**

- New promoters or promoters who have not renewed their charter for two or more years must submit two letters of recommendation from business associates or organizations. in their community (on company letterhead).
- Officers of promoting organizations must be current AMA members.

Organization Information	and expires Dec. of or the calendar year.			
The track or facility address and organization	on email may be published in AMA website	es and publications so riders can contact yo	ou about your events.	
ORGANIZATION NAME		ORGANIZATION PHONE		
MAILING ADDRESS (USPS)		СІТҮ	STATE	ZIP CODE
SHIPPING ADDRESS (FEDEX/UPS, NO P.O. BO	DXES)	СІТҮ	STATE	ZIP CODE
TRACK OR FACILITY ADDRESS		CITY	STATE	ZIP CODE
ORGANIZATION EMAIL (THIS IS THE EMAIL W	/E WILL USE TO COMMUNICATE WITH YOU)	WHO REFERRED YOU TO THE AMA / HOW I	DID YOU HEAR ABOUT	CHARTERING?
WEBSITE				
CONTACT NAME		AMA#		
CONTACT ADDRESS		CITY	STATE	ZIP CODE
CONTACT EMAIL		CONTACT PHONE		1
Application Information				
☐ New AMA Charter ☐ Renewin	g AMA Charter (#	)		
EVENTS SANCTIONED (SELECT ALL THAT A	APPLY)		ORGANIZER'S MAIN	INTEREST
☐ Recreational Riding			☐ Motorcycles Only	
☐ On-highway recreation ☐Off-highway	ay recreation (family enduro, dual sport,	adventure ride, etc.)	☐ ATVs only	
☐ Competition			☐ ATVs and M	otorcycles
☐ Track racing (hillclimb, ice racing, lai	nd speed, flat track, road racing, etc.)	]Motocross		
☐ Off-road racing (enduro, hare scram				
Payment Information (Payment r	required with application)			
☐ My \$250 fee is enclosed				
☐ Check (Payable to AMA)	□ Cash	☐ Credit Card Select One: ☐ Visa ☐	Master Card □ Disco	/er □ American Express
CREDIT CARD NUMBER			EXPIRATION DAT	E
CARDHOLDER NAME (AS IT APPEARS ON CARD)		CARDHOLDER SIGNATURE (REQUIRED)		
☐ Automatic Renewal/Payment of Amount charged will be then-current	on Dec. 1 (charge only) t rate. See Terms & Conditions at americ	canmotorcyclist.com/charter		
Certification				
and their charter will be valid or may be	The undersigned applicant agrees the MAA guidelines and in furtherance of A districts organizations suffer as a resunt agrees that its motorcycling/ATV activities activities and only if their motorcycling/ATV atterned the understands that on Dec. 1 of each to the content of the content in the content of t	at a promoting charter will be valid o MA objectives. The undersigned applia It of the undersigned's negligent activities ities will comply with AMA rules and gui activities are in compliance with the abou	r may be renewed cant will reimburse es as an AMA promo delines, they will fur re.	only so long as their the AMA for all costs, oter. ther AMA objectives,
STATE OF STATE			2012	

Please complete next page.

Risk Management Officers (One required)  RMO 1			
ADDRESS  CITY  STATE  ZIP CODE  AND 2  AND AS PHONE S  ADDRESS  CITY  STATE  ZIP CODE  AND ST	ORGANIZATION NAME		
ADDRESS  CITY  STATE  ZIP CODE  AMAN #  PHONE #  ADDRESS  CITY  STATE  ZIP CODE  Additional Information  VEAR ORGANIZED  ARE YOU INCORPORATED?  Yes   No  ARE YOU INCORPORATED?  Yes   No  Risk Management  A Risk Management Workshop is required every year to maintain AMA Sanctioned eligibility. To view the RMW online video, please visit americanmotorcyclist.com/for-organizers/risk-management-and-walvers.  AFFIDAVIT OF REVIEW  AMA RISK MANAGEMENT WORKSHOP  This document is to verify that I have viewed the AMA Risk Management Workshop. I understand the AMA's risk management policies and procedures for AMA-sanctioned events. I will implement and otherwise follow these policies and procedures as required by the AMA in the conduct of any event I sanction with the AMA.  I,			
Additional Information    AMA #	AMA#	PHONE #	
Additional Information  YEAR ORGANIZED  AMOUNT OF CHARITABLE DONATIONS IN 2023, IF APPLICABLE  ARE YOU ASSOCIATED WITH A DEALERSHIP?  Yes No  Risk Management  A Risk Management Workshop is required every year to maintain AMA Sanctioned eligibility. To view the RMW online video, please visit americanmotorcyclist.com/for-organizers/risk-management-and-waivers.  AFFIDAVIT OF REVIEW  AMA RISK MANAGEMENT WORKSHOP  This document is to verify that I have viewed the AMA Risk Management Workshop. I understand the AMA's risk management policies and procedures for AMA-sanctioned events. I will implement and otherwise follow these policies and procedures as required by the AMA in the conduct of any event I sanction with the AMA.  I,	CITY	STATE ZIP CODE	
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certify that I viewed the AMA Risk Management Workshop on    Content of Viewing	•		
Signature  Date  I,, AMA #, do hereby  (Print Name - RM02) (Membership Required)  certify that I viewed the AMA Risk Management Workshop Presentation on  (Date of Viewing)	, AMA #	, do hereby	
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