



RIDER SUPPORT APPLICATION FORM

PLEASE TYPE YOUR ANSWERS INTO THIS PDF FORM
EMAIL PDF TO: RIDERSUPPORT@THORMX.COM OR PRINT AND MAIL TO:

**THOR MX
ATTN: RIDER SUPPORT
12267 CROSTHWAITE CIRCLE
POWAY, CA 92064**

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

BIRTH DATE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

INSTAGRAM:

FACEBOOK:

AVERAGE NUMBER OF RACES YOU PARTICIPATE IN EACH YEAR:

BIKE MODEL:

YEAR:

TOP 3 RACING ACCOMPLISHMENTS:

EVENT:

YEAR:

CLASS:

RESULT:

EVENT:

YEAR:

CLASS:

RESULT:

EVENT:

YEAR:

CLASS:

RESULT:



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LIST ANY AND ALL CURRENT SPONSORS, AND EXPLAIN THE TYPE OF SPONSORSHIP YOU RECEIVE FROM THEM:

TRAINING PROGRAM:

LIST ALL THE SERIES/DISTRICTS YOU WILL BE RACING IN THIS UPCOMING SEASON ALONG WITH THE CORRESPONDING CLASS(S) FOR EACH SERIES /DISTRICT. PLEASE INDICATE IF IT'S A NATIONAL OR LOCAL SERIES:

ASIDE FROM RACING, ARE THERE ANY OTHER EVENTS, OR MEDIA PRESENCE / EXPOSURE THAT YOU CAN INDICATE WOULD HELP YOU TO INCREASE YOUR PROMOTION OF THE THOR BRAND?

WHAT ARE YOUR FUTURE MOTO GOALS AND HOW DO YOU PLAN TO ACHEIVE THEM?

WHY DO YOU FEEL YOU WOULD BE A GOOD REPRESENTATIVE FOR THOR?

REFERENCES

NAME: _____

NAME: _____

EMAIL: _____

EMAIL: _____

PHONE: _____

PHONE: _____