

2019 LRRS Rider Information Packet Overview

Welcome to The Loudon Road Race Series 2019 Season. Attached are important forms that need to be completed:

- 1.) **2019 LRRS Competition License Application – REQUIRED. MUST BE COMPLETED IN FULL** signed in INK and MAILED to the address on the form. Rider numbers MUST be applied correctly. Look carefully on the form, you must list your 2018 Rider number and WRITE OUT your 3 choices in the boxes for the number you want to apply for the 2019 season. NO assumptions will be made. If you do not correctly complete the form, you run the risk of not receiving/retaining your number.

DO NOT assume that the number applied is the number you will receive. Email confirmations of number assignments will be sent once the deadline has passed. If you do not receive confirmation, do not assume your application was received.

Number assignments will follow the guidelines as set forth in the LRRS Rulebook (see Section 3.5).

- 2.) **Medical & Emergency Contact Form – REQUIRED. Must be completed in full and legibly written.**
No Rider will be allowed to practice or race without this form being received and held on file for the 2019 season.
- 3.) **Rider Biography Form** – While not a requirement, it is used by our Announcer during the 2019 season. Help us to add commentary to the racing day by filling out this form.
- 4.) **W-9 Form** – Also not required, but every Rider should consider completing this form. It is used for any and all payouts, including end of season payouts. If you receive any money over the year and do not have a form on file, a check will not be sent to you.
- 5.) **Parental Consent/Minor Waiver – REQUIRED FOR EACH AND EVERY CHILD UNDER THE AGE OF 18. FORM MUST BE COMPLETED EACH AND EVERY YEAR.** If you are a parent/guardian of a child under the age of 18, a properly executed form must be submitted and held on file for the 2019 racing season. If a form is not on file, the child will not be allowed on property. Both parents/guardians MUST sign the form and the form MUST be executed by a Notary Public. All areas in yellow highlight must be completed.
- 6.) **Sponsor Listing** – Not a required form.
- 7.) **Garage Rental Form – 2019 Race Season.** Not a required form. Reservation deadline: 03/01/2019.

Questions?

(603) 513-5734 or azube@nhms.com

2019 Race Dates

Round 1 April 27 & 28, 2019

Round 2 May 18 & 19, 2019

Round 3 96th Loudon Classic June 14, 15 & 16, 2019

Round 4 July 27 & 28, 2019

Round 5 August 17 & 18, 2019

Round 6 September 14 & 15, 2019

Round 7 October 5 & 6, 2019





2019 LRRS COMPETITION LICENSE APPLICATION



INSTRUCTIONS

2019 LRRS/CCS COMPETITION LICENSE APPLICATION

(To retain your 2018 Competition Number, you must return this form to the appropriate office by January 7, 2019.)

Incomplete, illegible, or incorrect applications will be returned.

Please fill out the other side exactly as called for in the following instructions:

1. Please print the information in the blank spaces provided. It is important that you print clearly and precisely as most of the errors are not "typo" problems, but the results of our inability to read the forms. Do not abbreviate city names.
2. Make sure we have complete personal information including name, address, social security number, day and night time phone numbers, e-mail address, birth date, and age. (Applicants under the age of 18 must have a signed notarized release form from their parent or legal guardian on file with LRRS/CCS before a competition license will be issued.) Applicant must be a minimum of 14 years old to apply for an ASRA Series license. Applicant must be a minimum of 12 years old to apply for a Championship Cup Series license and those who are between the ages of 12 and 16 may have their license restricted to use in certain classes.
3. The insurance information is required.
4. Give us the correct information for the type of License for which you are applying. Please check Novice, Amateur or Expert, and then fill out the LRRS/CCS required information. If you are applying for an ASRA License, please check the appropriate box. (ASRA License requires an AMA Membership for 2019.)
 - ...If your Expert experience is not with LRRS/CCS or one of its affiliates, please include proof of experience. (Photocopy of your previous Expert license, up to 3 years old, or a confirmation letter from the sanctioning body who issued the license including the date of issue.)
5. Please give us three choices for your competition number. We will assign you the first number available in the computer.
6. LRRS/CCS 2018 License fees are: \$130.00 if purchased prior to 7/1/19, \$95.00 if purchased between 7/1/19 through 8/31/19, & \$65.00 if purchased between 9/1/19 through 12/31/19.
7. Read the Release and Assumption of Risk section and the Agreement, and then sign on the signature line.
8. Please include a copy of your license or a current rider's school certificate if you have not been licensed with LRRS/CCS or ASRA in the past 5 years. We cannot process your application without this proof of experience. School certificates must be less than 12 months old at the time of licensing and licenses submitted must be no older than 5 years.
9. Please check the box if you would like to receive a 2 year subscription to Roadracing World for just \$30.
10. Enclose your check or money order made out to LRRS for the correct fee (or fill in credit card info) and mail it to:

Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307

Overnight delivery address:

Loudon Road Race Series – 1122 Route 106 North - Loudon, NH 03307

PLEASE DO NOT FAX THIS APPLICATION
WE MUST HAVE A SIGNED ORIGINAL TO PROCESS YOUR APPLICATION



2019 LRRS COMPETITION LICENSE APPLICATION



Please print clearly and legibly:

ASRA/CCS Member # (If applicable) Birth Date: Age: Name: Address: City: Phone #: Daytime Phone #: Westhoid Transponder # Additional Transponder #

Personal Medical Insurance? Yes () No () Company Name: Policy Number:

E-Mail: [grid]

Emergency Contact: Emergency Phone #

LRRS/CCS: I wish to be licensed as: Novice Amateur or Expert 2018 LRRS/CCS #

Choices for your LRRS/CCS Competition Number: 1. 2. 3.

I am an experienced racer licensed by: Years of experience:

I am applying for a license based upon training at a road racing school completed within the previous 12 month period

as described here: Name of School: Date & Track:

ASRA Series: I wish to be licensed for ASRA competition: (Check box to apply. Applicant must be 14 years old and an AMA Member.)

AMA Member Number: EXP DATE:

Choices for your ASRA Competition Number: 1. 2. 3.

CREDIT CARD INFO: -MASTERCARD -VISA -DISCOVER EXP DATE:

CARD NUMBER: CVN#

CARD ISSUED TO:

READ THIS RELEASE

RELEASE AND ASSUMPTION OF RISK: I, hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, American Sportbike Racing Association L.L.C., HD Promotions, Loudon Road Race Series, New Hampshire Motor Speedway Inc., Daytona International Speedway LLC, United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Penguin Racing School, Longevity Racing School, Team Hammer Inc., the promoters, the owners and lessees of the premises, the participants, and the officers, directors, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disabement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefor, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disabement) to myself and my property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the current Championship Cup Series and ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this license. I hereby agree to allow my likeness to be used for promotional purposes by the Championship Cup Series, the ASRA Championship Series and their affiliates without any further compensation to myself. I hereby agree to surrender a complete unredited copy of any and all video to ASRA/CCS immediately upon request. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a competition license.

APPLICANT SIGNATURE: Date:

Please add \$30 to my license fee for a 24-month subscription to Roadracing World magazine

DO NOT FAX THIS APPLICATION - MAIL TO: Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307

Received: Amount: \$ Cash Check Credit Clerk Initials:

ASRA # Assigned LRRS/CCS # Assigned Region NE

RIDER #:

Do not write in this box



Medical & Emergency Contact Form – 2019 Race Season

Last name: _____ First name: _____ MI: _____

Physical address: _____

Mailing same as physical? Yes OR No

Mailing address: _____

Home phone: _____ Cell: _____

Email: _____

Date of birth: _____ Last Tetanus shot: _____

Allergies: _____

Regular medications: _____

Medical problems: _____

(Example: heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past 5 years: _____

Please circle all that apply: Contact lenses Glasses Dentures Other: _____

Are you an organ donor? Yes OR No Specific organs? _____

Do you have medical insurance? Yes OR No

If yes company name: _____ Policy #: _____

Emergency contact:

Last name: _____ First name: _____ MI: _____

Physical address: _____

Contact phone number: _____ secondary: _____

Relationship: _____ Present during events? Yes OR No

RIDER #:

Do not write in this box



Rider Name: _____ Nickname(s): _____

Date of Birth: _____ Age: _____ Rider Number: _____

Residence (City & State): _____

Home Town (City & State): _____

Bike Year, Make, Model: _____

Primary Sponsor(s): _____

Additional Sponsor(s): _____

Where/When did you start racing? _____

Last Season's Accomplishments? _____

Racing History: _____

Victories/Championships: _____

Tell us something interesting about yourself: _____

Rider Biography Form – 2019 Race Season

W-9

Form
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

2.

Check appropriate box for federal tax classification:

Individual/sole proprietor

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), I agree:

1. I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, and/or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
3. I consent to the Minor's participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees." FROM ALL LIABILITY TO ME, THE MINOR, my and the minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.

5. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the "Releasees" named above, I AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

6. I sign this agreement on my own behalf and on behalf of the Minor.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

NAME and AGE OF MINOR PARTICIPANT

MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S)

DATE RELEASE SIGNED

I have obtained my parent's consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

1. Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).
2. I understand that the **ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.**
3. I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, and/or the **NEGLIGENCE** of others, including those persons responsible for conducting the event(s).
4. I HEREBY ASSUME ALL SUCH RISKS, EVEN IF THE RISKS ARE CREATED BY THE **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees."
5. I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE, ALL OF THE RELEASEES FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the **NEGLIGENCE** of the Releasees or otherwise.

**I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY,
UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

I HAVE READ THIS RELEASE

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

I HAVE READ THIS RELEASE

WITNESS

PRINTED NAME OF WITNESS



Sponsor Listings



Member # _____ Comp # _____ Region _____

Name _____

Check all that apply: CCS: _____ ASRA: _____ TC: _____

This is a complete update: _____ These are additions: _____.

List your sponsors in the order in which you would like them to appear on the results. We may have to make adjustments to allow them to fit in the computer space available.

Only list the companies or individuals that are actually providing financial aid. If you give sponsor exposure away, it lowers the value to everyone who participates.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Please return the completed form to registration before 9:00 am on the day of your race for entry into the computer.

**FORM MUST BE COMPLETED,
SIGNED AND RECEIVED BY:**

MARCH 1, 2019



GARAGE RENTAL FORM – 2019 RACE SEASON

To reserve a garage bay for the 2019 LRRS season, complete this form and return to NHMS by the deadline of March 1, 2019. The full season rental amount is \$1,430.00 and is payable in two payments of \$715.00 each. Credit card, check, cash and money orders are accepted. This fee includes the tire disposal fee. The first payment is due on March 15, 2019 and the second payment is due on July 8, 2019. Full payment is also accepted.

Payment(s) **must** be made before anyone is allowed to occupy the garage bay for the event. Failure to meet proper payment deadlines will result in the loss of the garage. After the deadline, garages will be available on a first come, first served basis.

Name of Renter/Business (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Preferred Garage Location: **NORTH GARAGE BAY:** _____ **CENTER GARAGE BAY:** _____

Name on Credit Card: _____ Type of Card: **VISA MC DISC AMEX**

Credit Card Number: _____ Exp. Date: _____

Four (4) parking passes are assigned per garage bay with the renter automatically receiving one pass. Passes **MUST** be properly displayed in plain sight and vehicles **MUST** fit in the assigned garage space that coordinates with your garage. **NO EXCEPTIONS WILL BE MADE TO THIS RULE. No Pass = No Park.** Parking passes are **NOT** camping passes. You **MUST** have a separate pass in order to camp.

I understand by signing this reservation form below, that I am obligated to pay for the garage bay rental, whether or not I actually use the bay and/or attend any event(s). I understand that my credit card will be charged \$715.00 on the dates listed above if I have not already paid in full. I also acknowledge that I have read the **LRRS SEASON GARAGE RENTAL RULES AND REGULATIONS** and agree to abide by the rules. I agree that my failure to do so will result in my losing garage bay rental privileges and possible fines.

Signature: _____ Date: _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

	PAID	CLERK	TOTAL
March 15, 2019	\$715.00		
July 8, 2019	\$715.00		

MAIL: LRRS FAX: 603.783.8323 EMAIL: LRRS@NHMS.COM

NHMS

PO BOX 7888

LOUDON, NH 03307