



MOTOR CITY CHAPTER HELMET CERTIFICATION FORM

Name and date of event: _____

Participant's name: _____

I understand that Snell SA2010, M2010 or newer helmets are required for all drivers and passengers participating in this event. I certify that I have examined the helmet I will use at the event and that it is Snell-certified as follows:

- SA2010
- SA2015
- SA2020

- M2010
- M2015
- M2020

Participant's signature

Date signed