



Entry Date:

Event Date:

Transponder No:

Driver Weight:

Driver Information:

Driver Name: Age: DOB:
If driver is under 18, valid birth certificate must accompany this entry form

Address:

City: State: Zip:

Day Phone/Cell: Evening Phone/Home: eMail:
Required for electronic confirmation of processed entry. We will not spam or sell your information.

Emergency Information:

Contact Person: Relation:

Phone: Alt Phone:

Insurance Company: Blood Type:

Allergies or Medical Conditions:

Race Entry Information:

Class(es) Entered - Select Appropriate Class:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1	S1	S2	S3	S4-H/M	S5	TaG Jr.	TaG Senior	TaG Master

.....
 ▲ Specify Engine Make

.....
 ▲ Specify Engine Builder

.....
 ▲ Specify Chassis

.....
 ▲ Specify Team Name

.....
 ▲ Specify Pit Spot

Pre-Entry Registration Fees

First Class: \$115.00
 Second Class: \$75.00

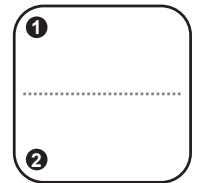
Race Day Registration Fees

First Class: \$150.00
 Second Class: \$75.00

Race Number:



Primary



Alternates

Payment Total:

Friday Practice Fees: x \$60.00

Race Entry Fees: X
Refer to pricing in Race Entry Section

Transponder Rental: x \$20.00

Extra Pit Passes:
 1-day: \$15 ea. (Fri.) X ___ (Sat.) X ___
 2-day: \$20 ea. X ___

Practice Tires: x \$212.00
 + \$18.55 CA Sales Tax
 + \$10 (Optional) Ground Shipping
 ___ ship ___ event pickup

Race Tires: x \$212.00
 + \$18.55 CA Sales Tax
 + \$10 (Optional) Ground Shipping
 ___ ship ___ event pickup

Fuel & Oil:
(prices below include sales tax)
 RACE FUEL/OIL
 ___ MS98+Motul \$79.39 ___ C12+Motul \$87.00
 PRACTICE FUEL/OIL
 ___ MS98 \$63.08 ___ C12 \$70.69 ___ Motul \$16.31

SKUSA Membership:
 \$75 ___ Renew ___ New (Need to submit licensing app)
 ___ Current

Reserved Pit Spot: x \$30.00
Excludes: Willow Springs

Overnight Camping: x \$50.00

Grand Total:

Payment Information:



Check Number or CCV Code:

Credit Card Number:

Cardholder Name: Expiration: MM / YY

Billing Address:

City: State: Zip/Postal Code:

Signature:

X

I have read and understand all the information contained on this entry form.
 I also hereby authorize the following charges to be made to my credit card or paid via personal check.