

License Application & Number Registration

PLEASE CI	HECK ALL APPLICABLE:	;			
\$175 Event Entry Fees Reduced \$50 Covers Both Owner & Driver		C	CAR NUMBER REQUEST:		
THE MODEL SPORTSMAN	00 Event Entry Fees Reduced \$15 Covers Both Owner & Driver				
Street Stuelts \$5	Event Entry Fees Reduced \$15 Covers Both Owner & Driver	1 ST CHOICE	2 ND CHOI	ICE 3 RD CHOICE	
Waiver and	l Release of Lia	ability and	Indemnity	Agreement	
In consideration of being granted a license, agrees they have read the decisions, rendered during the calen	a license to participate in Cham rules and to abide by all Champ	npion Racing Association	on events, the undersign rules, regulations and	ned hereby, in application for said	
do hereby release, remise and forever of which events are conducted, the owners action whatsoever that may accrue to me sustained by my person and/or propert Association events are presented.	pit pass and competitor insurance be lischarge Champion Racing Associ, sponsors and manufacturers of all is or my heirs, next of kin and persor y while in about, en route into and or Champion Racing Association ed pictures of themselves and their ra- use in any medium or material for on purpose, before and after such ev	ation, and all officers, dir racing equipment upon the nal representatives from events of a sate	ectors, agents, employees, e premises, from all liability ery and any loss, damage a nctioned racing event or a of this license application etition at the site of busine, advertising, recording or quish rights hereto for these d release	y claims, actions and possible causes o ind injury (including death) that may be any premises where Champion Racing by Champion Racing Association, the ss of Champion Racing Association, treporting and reproduction of same fo	
understa operates Associa		nature on this application form ete release of Champion Racing er with its officers, directors,			
from any and all lie freely and willingly of		iability, including negligend consent to this waiver and i	ce, and I	I Signature of Applicant #2	
PLEASE PR	INT OR TYP		OUT CON	Date PLETELY	
114	Payment Must	Accompany A	pplication		
#1	Check One:	Owner/Driver	Owner		
Purse check made out to:			Social Sec. or Fed	1 Id #	
Address	City		St	Zip	
9-5 Phone	Date of Birth		Spouses Name		
Evening Phone Email			Employer	_ Employer	
#2	Check One:	Driver	. 71 . "		
Address	City		St	Zip	