

Classic Racing Series 2009 Registration Application

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		Cell Phone _____
Email Address _____		
Occupation _____		Employer _____
Drivers License # _____		Date of Birth _____
S.S # _____		
Type of Car-Sedan <input type="checkbox"/> 3 Window Coupe <input type="checkbox"/> 5 Window Coupe <input type="checkbox"/>		
Requested Car # _____		2 nd Choice _____ Car Color _____
Sponsorship Information _____		

<small>I hereby represent that all provided information is true and factual. I have read and I voluntarily sign this registration application and agree to hold harmless and release CRS from any responsibility, liability and indemnify CRS from any incident occurring in connection with any portion of the sanctioned event. I understand that in order to compete in a CRS sanctioned event I must agree and accept the terms and conditions in a separate Liability Release prior to entering into competition.</small>		
Applicant's Signature _____		

2009 REGISTRATION FEE \$75.00
MAKE CHECKS PAYABLE TO CLASSIC RACING SERIES LLC.

FOR CRS USE: PAYMENT TYPE- CHECK <input type="checkbox"/> $\sqrt{\#}$ _____ CASH <input type="checkbox"/>
