



Form# _____

GT SERIES PRE-ENTRY FORM

Track _____ Date _____ Comp#: _____
 Name _____ Phone _____ Status: _____
 Address _____ ID#: _____
 City _____ State _____ Zip _____ Expiration: _____
 Emergency Contact _____ Phone _____
 Sponsors: _____

GT Fees are \$75.00 Per Class

	CLASS	BIKE	MAKE	MODEL	CC	FEES
1	GT Lights					
2	GTU					
3	GTO					
TOTAL FEES						

RELEASE: I, hereby release, and agree to hold harmless the Championship Cup Series, Formula USA, SFX Motor Sports Inc. d/b/a Clear Channel Entertainment-Motor Sports, SFX Entertainment, Inc. d/b/a Clear Channel Entertainment, Clear Channel Communications, Inc., HD Promotions, Central Motorcycle Roadracing Association, Grand Prix and Production Racers Organization Inc., Loudon Road Race Series, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Roadrace School, the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, 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 disablement) 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 therefore, 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 disablement) to myself and my property from any cause whatsoever.

PAYMENT METHOD	
<input type="checkbox"/>	CASH
<input type="checkbox"/>	CHECK NUMBER _____
<input type="checkbox"/>	CREDIT CARD Expiration Date: _____
Circle One: VISA M/C AMEX DISCOVER	
Card #: _____	
Name of Cardholder: _____	
Signature: _____	

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the 2003 CCS / Formula USA Rules and Regulations and any Special Regulations in all participation with this license. I certify that I have received a copy of the 2003 CCS / Formula USA Rules and Regulations and that the above information regarding my age, identity, and experience is true and freely given for the purpose of competing in this event. I also authorize the use of any images taken of or by myself for promotional purposes without restriction.

Mail to CMRA, PO Box 123888, Ft Worth, TX 76121-3888
 or fax to: 817-377-1655 (credit cards only)

Signature: _____
 SS#: _____

PRE-ENTRIES CLOSE ONE WEEK PRIOR TO EVENT