



MINI ENDURANCE PRE-ENTRY FORM

Form# _____
 Bike# _____
 Xmit# _____

Team Name _____ Track _____ Date _____
 Team Address _____ City _____ State _____ Zip _____
 Team Captain _____ Team Owner _____
 Tuner _____ Team's E.I.N. or Social Security # _____
 Pit Space: _____ Teams Phone # _____
 Sponsor(s) _____

TEAM RIDERS (Print Neatly)	Signature	EMERGENCY CONTACT NAME & PHONE
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

RACE BIKES	Make / Model / cc	VIN
Race Bike #1	_____	_____
Race Bike #2	_____	_____

READ THIS RELEASE!

Check	CLASS
1	Heavyweight
2	Middleweight
3	Lightweight Super
4	Lightweight Production

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.

CREDIT CARD INFO	
VISA M/C DISC AMEX	EXP: _____
Card #:	_____
Name	_____
of Cardholder	
SIGNATURE	

FEES (#HRS X \$25)	
ENTRY FEE	_____
PRACTICE	_____
MISC.	_____
TOTAL	_____

PAYMENT METHOD	
<input type="checkbox"/>	CASH
<input type="checkbox"/>	CHECK NO: _____
<input type="checkbox"/>	CREDIT CARD
RECEIVED BY _____	

AGREEMENT: By my signature above, I hereby agree to the terms of the above release and further agree to abide by the 2003 Championship Cup Series / 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 Championship Cup Series / 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 any images taken of or by myself to be used for promotional purposes without