



ENDURANCE PRE-ENTRY PACKAGE INSTRUCTIONS

To pre-enter you **must have registered** your **Team** and know your **assigned Team number**. If you have not registered your Team for 2020 go to the [License and Team Registration Forms](#) page on the CMRA website, fill out and submit the 2020 Endurance OR SuperTeams Team Registration Form. To find your assigned Team number go to the CMRA forum post "[2020 - ULW Endurance Team Numbers](#)". Each Rider **must have** their **2020 CMRA Competition License** and know **their assigned competition number**. The Team Owner is responsible to verify all riders are licensed by checking Forum post "[2020 - Sprint Competition Numbers](#)".

1. **The forms in this package are designed for on-screen completion using [Adobe Acrobat Reader™](#) with certain fields automatically populating and calculating as you fill the forms.** TIP: Save your forms with a unique filename.
2. **You may not need all forms in this package or you may need multiple copies of one form:**
 - Don't submit forms that don't apply to you.
 - Make multiple copies of the package, complete and submit additional forms as needed.
3. You may also print the blank forms and complete them by hand.
4. **PRINT NEATLY.** It is important that you print clearly and precisely. **Incomplete or illegible forms will not be processed until all information has been received.**
5. Sign and date all Form. **'Electronic' signatures are allowed using the signature function in [Adobe Acrobat Reader](#) only. Cut and paste signatures will not be accepted.**
6. **Season Entry Checkbox:** If you check this box on any form you will automatically be entered in the items on that form for every remaining event in the season. Season Entry is not available if paying by check / money order. Your credit / debit card will be processed for each event payment separately, approximately one full week prior to each event.
 - To **change or revise** a Season Entry you **must** submit a **complete new form** with "REVISED [DATE]" printed in the top margin of the form. Phone or email requests to change or revise a Season Entry will be rejected.
 - If you check the Season Entry Box, leave the following fields BLANK: Track, Race Date, Subtotal of all Discounts and Total Amount Due.
7. **Transp. #:** Enter the number of the transponder you will have on your bike whenever on the track *including practice*.
 - **If using a transponder rented from the CMRA leave this field BLANK and complete the TRANSPONDER RENTAL AGREEMENT.**
 - If using a different transponder for different races or practice machines, submit a **complete separate form** for each transponder with the appropriate races / machines entered on each form (multi-entry fee discounts should be applied across all forms as if they were on one form).
 - You may **not share** a transponder with any other **sprint racer on the same day**.
8. Team Owner and Team Captain **must** be the persons named on the Team Registration Form.
9. **ONLY list riders who SIGN THE FORM:**
 - You **must** have **two** riders signing to submit a Pre-Entry; additional riders can be added using a Change Form at the track.
10. **Subtotal of all Discounts:** Add all discounts you have earned and enter here in this field
 - You **must** surrender the **original** discount vouchers and certificates when you pick-up your Pre-Entry Package at the event
 - If you checked the Season Entry box you may leave this field BLANK, return any original discount vouchers to the Registration Clerk at the track, and they will be automatically applied to your next event entry without need to surrender when you pick-up your forms at the next event.
11. **READ THE RELEASE AND AGREEMENT.**
 - Print the forms. Use 'print to **fit**' setting, verify that all text is visible on your printed form.
 - Sign and date the forms. **'Electronic' signatures are allowed using the signature function in [Adobe Acrobat Reader](#) only. Cut and paste signatures will not be accepted.**
12. You **must** submit the **PRE-ENTRY PAYMENT FORM** with your Pre-Entry forms.
 - Forms submittal instructions are on the bottom of the PRE-ENTRY PAYMENT FORM.
 - Credit / debit card info may be phoned-in to the Administrator if you do not want to include that on an emailed submittal.

QUESTIONS? Call 817-570-9779. Office hours are M-F, 9:00 a.m. - 4:30 p.m. Central Time. If you have any specific requests or questions, enclose a note with your forms.

AT THE EVENT, pick-up your Pre-Entry Package in the registration area BEFORE taking your machine to Tech Inspection.



ENDURANCE PRE-ENTRY

Check to make this a SEASON PRE-ENTRY

Team #: _____

TEAM NAME: _____

Transp. #: _____

The Team will be entered in the Class identified on the Endurance Team Registration Form

Track: _____

Team Owner: _____ Phone: _____ Race Date: _____

Team Captain: _____ Phone: _____

▶▶▶ READ THIS RELEASE AND AGREEMENT ◀◀◀

RELEASE: APPLICANT, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN: (a) **RELEASES;** (b) **DISCHARGES;** (c) **PROMISES NOT TO SUE;** (d) **INDEMNIFIES;** and (e) **HOLDS HARMLESS** the following: THE CENTRAL MOTORCYCLE ROADRACING ASSOCIATION, INC. ("CMRA") OR ANY AFFILIATE OR RELATED COMPANY, COMPETITION LICENSE HOLDER, NON-COMPETITION LICENSE HOLDER, DIRECTOR, OFFICER, EMPLOYEE, OR AGENT; and ANY RACING ASSOCIATIONS OR SANCTIONING ORGANIZATION, PROMOTERS, SPONSORS, ADVERTISERS, TRACK OPERATORS, TRACK OWNERS, OWNERS OR LESSEES OR LESSORS OF THE PREMISES, NON-CMRA OFFICIALS; and ANY PARTICIPATING INDIVIDUALS OR TEAMS, MOTORCYCLE OWNERS, TEAM OWNERS, RIDERS, PIT CREWS; and RESCUE PERSONNEL, CORNER WORKERS, INSPECTORS, CONSULTANTS, SECURITY PERSONNEL; and EACH OF THEM AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (All of those described in the foregoing paragraphs are hereinafter referred to as the "Releasees") FROM: ANY AND ALL LIABILITY OF ANY NATURE, WHETHER FOR PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH ARISING OUT OF, CONNECTED WITH OR RELATED IN ANY WAY TO THE CONDUCT OF ANY EVENT, WHETHER OR NOT SUCH PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH WAS CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE, ERRORS, MALFEASANCE, MISFEASANCE, STRICT LIABILITY, OR FAULT OF THE RELEASEES, RELEASORS OR OTHERWISE.

AGREEMENT: By my signature below, I hereby agree to the above terms and further agree to be bound by the 2020 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2020 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or other uses, without restriction.

Starting Bike	Year:	Make:	Model:	cc:	CMRA TECH USE ONLY:
Backup Bike	Year:	Make:	Model:	cc:	CMRA TECH USE ONLY:

Riders (2 minimum) MUST SIGN at EVERY EVENT ▲ List ONLY riders that SIGN THIS FORM ▼ If a rider does not sign this form they MUST sign a CHANGE FORM before riding.	Rider 1	Sprint #: _____ Printed Name: _____ AMA Member #: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 2	Sprint #: _____ Printed Name: _____ AMA Member #: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 3	Sprint #: _____ Printed Name: _____ AMA Member #: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 4	Sprint #: _____ Printed Name: _____ AMA Member #: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 5	Sprint #: _____ Printed Name: _____ AMA Member #: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____

_____ Hours x \$65/Hr. = SUBTOTAL ENTRY FEE	
Champ Discount / Award Voucher Credit (subtract)	-
TOTAL AMOUNT DUE ON THIS FORM (Enter on Payment Form)	

OWNER or CAPTAIN SIGNATURE: _____ DATE: _____

CMRA USE ONLY

Check Amount:	Check No:	Entered in Accounting System:
CC Amount:	CC Transaction No:	Entered in Timing & Scoring System:



ENDURANCE FRIDAY PRACTICE PRE-ENTRY

Team #: _____

Check to make this a SEASON PRE-ENTRY

Transp. # In Table Below

TEAM NAME: _____

Track: _____

Team Owner: _____ Phone: _____

Race Date: _____

Team Captain: _____ Phone: _____

▶▶▶ READ THIS RELEASE AND AGREEMENT ◀◀◀

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AGREEMENT: By my signature below, I hereby agree to the above terms and further agree to be bound by the 2020 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2020 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or other uses, without restriction.

Bike 1	Year:	Make:	Model:	cc:	TRANSP. #:	CMRA TECH USE ONLY:
Bike 2	Year:	Make:	Model:	cc:	TRANSP. #:	CMRA TECH USE ONLY:
Bike 3	Year:	Make:	Model:	cc:	TRANSP. #:	CMRA TECH USE ONLY:
Bike 4	Year:	Make:	Model:	cc:	TRANSP. #:	CMRA TECH USE ONLY:

Riders MUST SIGN at EVERY EVENT ▲ List ONLY riders that SIGN THIS FORM ▼ If a rider does not sign this form they MUST sign a CHANGE FORM before riding.	Rider 1	Sprint #: _____ Printed Name: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 2	Sprint #: _____ Printed Name: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 3	Sprint #: _____ Printed Name: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 4	Sprint #: _____ Printed Name: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____
	Rider 5	Sprint #: _____ Printed Name: _____ Emergency Contact Name: _____ Contact Phone: _____ RIDER SIGNATURE: _____ DATE: _____

_____ Bikes x \$170 per Bike for Full Day for all riders =	SUBTOTAL PRACTICE FEE	
Champ Discount / Award Voucher Credit (subtract)		-
TOTAL AMOUNT DUE ON THIS FORM (Enter on Payment Form)		

OWNER or CAPTAIN SIGNATURE: _____ **DATE:** _____

CMRA USE ONLY			
Check Amount:	Check No:	Entered in Accounting System:	
CC Amount:	CC Transaction No:	Entered in Timing & Scoring System:	

CMRA USE ONLY: Assigned Transponder Number _____

2020 rev 0 1/7/2020



TRANSPONDER RENTAL AGREEMENT

Check to make this a SEASON RENTAL AGREEMENT

NAME: _____

Track: _____

Race Date: _____

All bikes must have a transponder mounted **whenever on the track for any purpose**.
Transponder Rental is **free** for Junior Motard but **deposit is required and this form must be used**.
Transponders must be mounted in the approved bracket available for purchase at-track.

The Transponder Assigned on this form will be used by the following:

NOTE: Transponders may **NOT** be shared between **different SPRINT Racers** on the **SAME DAY**.

Junior Motard Racer Name: _____ Junior Motard #: _____

1st Sprint Racer Name: _____ Bike #: _____

Days 1st Sprint Racer will use this transponder: Friday Saturday Sunday

2nd Sprint Racer Name: _____ Bike #: _____

DIFFERENT Days 2nd Sprint Racer will use this transponder: Friday Saturday Sunday

Endurance Team Name: _____ Endurance Team #: _____

Superteams Team Name: _____ Superteams Team #: _____

Team 60 Team Name: _____ / _____ Team 60 #: _____ / _____

RENTAL TRANSPONDER \$440 SECURITY DEPOSIT AGREEMENT

I agree to return any rented transponder in good working condition to the CMRA Registration Desk within 30 minutes of the end of my last race of the weekend. I agree that the credit / debit card below will be charged \$440 if for any reason (including lost or stolen) any CMRA transponder I am responsible for is not returned to registration within 30 minutes of the end of my last race of the weekend.

Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ / _____ CVV2 Code: _____

Printed Cardholder Name: _____ Cardholder Signature: _____ Date: _____

TRANSPONDER RENTAL FEE:

\$0 Junior Motard use ONLY

\$25 1-Day rental

\$50 3-Day rental

TOTAL AMOUNT DUE (enter on Payment Form)

►►► **READ THIS RELEASE AND AGREEMENT** ◀◀◀

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RACER, OWNER, OR CAPTAIN SIGNATURE: _____ DATE: _____

CMRA USE ONLY

Check Amount:	Check No:	Entered in Accounting System:
CC Amount:	CC Transaction No:	Entered in Timing & Scoring System:

CMRA OFFICE USE ONLY

Track: _____ Date: _____

PRE-ENTRY PAYMENT FORM

Name of Person Submitting: _____

Daytime Contact Phone #: _____

This is Sheet 1 of _____ Total Sheets in this submittal



Sprint Bike # OR Team # (From Attached Forms)	Type of Pre-Entry or Form (Attach All Forms)	TOTAL AMOUNT DUE (Leave BLANK for SEASON ENTRY Forms)
	Junior Motard (on Sprint Pre-Entry)	
	Sprint Pre-Entry	
	Sprint Practice Pre-Entry	
____ / ____	Team 60 Pre-Entry	
	Endurance Pre-Entry	
	Endurance Practice Pre-Entry	
	Superteams Pre-Entry	
	Superteams Practice Pre-Entry	
	Transponder Rental Agreement	
(Leave BLANK if any SEASON ENTRY forms are Attached) TOTAL OF ALL FEES:		

PAYMENT METHOD: Check #: _____ Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: ____ / ____ CVV2 Code: _____

Printed Cardholder Name: _____ Cardholder Signature: _____ Date: _____

Mail to:
CMRA Pre-Entry
 5900 Franklin Ave Unit 36
 Waco, Texas 76710

 Payment Forms with credit / debit card payment may be emailed **as PDF attachments only** to:

admin@cmracing.com
Subject: CMRA Pre-Entry

Note that email is not a secure method of transmitting credit card information.

PRE-ENTRY DEADLINE IS MIDNIGHT THURSDAY ONE FULL WEEK BEFORE EACH EVENT



TECH FORMS (OPTIONAL)

Tech Forms are *NOT* REQUIRED to be submitted with a Pre-Entry

- Tech Forms *ARE* REQUIRED when you take your machine to Tech Inspection BEFORE ENTERING THE TRACK FOR ANY PURPOSE
 - Tech Forms are available at the track

IF YOU COMPLETE AND SUBMIT TECH FORMS WITH YOUR PRE-ENTRY:

- They will be included in the Pre-Entry Package you pick-up at the track for your convenience
- If you need multiple Tech Forms just save a copy of the file with a new filename and fill out / submit the additional forms as needed
 - DO NOT send BLANK Tech forms with your Pre-Entry submittal – blank forms will be available at the track

QUESTIONS ABOUT TECH OR CONTINGENCY? Please contact Walter Walker at 254-717-6848.

**AT THE EVENT, pick-up your Pre-Entry Package in the registration area
BEFORE taking your machine to Tech Inspection.**



ENDURANCE or SUPERTEAMS MACHINE 2020 TECHNICAL INSPECTION FORM

► **Complete One Tech Form Per Machine** ◀
► **Read The Instructions On The Back Of This Form** ◀

Machine VIN: _____

Team Name: _____ **Team #:** _____ **Class:** _____

Team Owner Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

Enter information for all contingency items claimed	MACHINE BRAND	C.C.	MODEL	YEAR	TIRE BRAND
	BRAKE PAD BRAND	FUEL BRAND	OIL BRAND	BODYWORK BRAND	PAINT
	DECALS	other contingency item	other contingency item	other contingency item	other contingency item
	other contingency item	other contingency item	other contingency item	other contingency item	other contingency item

TEAM RIDER EQUIPMENT NOTICE

The **Team Owner** is responsible to ensure that, **BEFORE** entering the track for any purpose on a **Team** machine, each Rider has signed the event-specific Team Practice and Race Entry Form and is displaying the event-specific Tech Inspection Sticker on their helmet. Riders may use the Sprint Machine Tech Inspection Form for Rider Equipment inspection purposes even if not entering a sprint machine.

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN TEAM DISQUALIFICATION AND OR FINE.

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OWNER or CAPTAIN SIGNATURE: _____ **DATE:** _____

INSPECTOR'S REPORT ("X" in box indicates NON-COMPLIANCE; initials on line indicates COMPLIANCE)

GENERAL

- CMRA decals (mandatory on each side)
- GP / Std Shift label on tank
- Throttle return
- Kill switch
- Front brakes INCLUDING GUARD
- Rear brakes
- Steering damper
- Transponder mount
- Coolant (NO GLYCOL)
- Case guards (if applicable)
- Sidestand removed
- LOWER FAIRING (oil containing / adequate capacity)
- REAR RAIN LIGHT (secure mount and operational)

SAFETY WIRE

- Oil drain plug (NO CLIPS – safety wire only)
- Oil filter bolts
- Oil filter cap
- Oil galley plugs
- Oil lines
- Oil cooler bolt(s)
- Fork oil drain bolts (if applicable)
- Radiator cap
- Coolant drain(s)
- Brake calipers
- Axle or axle nuts
- Axle caps or pinch bolts
- Other: _____

MACHINE NUMBER PLATES

- Proper CMRA #
- Color
- Size
- Location
- Style / Legible

INSPECTOR SIGNATURE UPON FULL COMPLIANCE: _____ **DATE:** _____



ENDURANCE or SUPERTEAMS MACHINE 2020 TECHNICAL INSPECTION FORM

► **Complete One Tech Form Per Machine** ◀
► **Read The Instructions On The Back Of This Form** ◀

Machine VIN: _____

Team Name: _____ **Team #:** _____ **Class:** _____

Team Owner Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

Enter information for all contingency items claimed	MACHINE BRAND	C.C.	MODEL	YEAR	TIRE BRAND
	BRAKE PAD BRAND	FUEL BRAND	OIL BRAND	BODYWORK BRAND	PAINT
	DECALS	other contingency item	other contingency item	other contingency item	other contingency item
	other contingency item	other contingency item	other contingency item	other contingency item	other contingency item

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OWNER or CAPTAIN SIGNATURE: _____ **DATE:** _____

INSPECTOR'S REPORT ("X" in box indicates NON-COMPLIANCE; initials on line indicates COMPLIANCE)

GENERAL

- CMRA decals (mandatory on each side)
- GP / Std Shift label on tank
- Throttle return
- Kill switch
- Front brakes INCLUDING GUARD
- Rear brakes
- Steering damper
- Transponder mount
- Coolant (NO GLYCOL)
- Case guards (if applicable)
- Sidestand removed
- LOWER FAIRING (oil containing / adequate capacity)
- REAR RAIN LIGHT (secure mount and operational)

SAFETY WIRE

- Oil drain plug (NO CLIPS – safety wire only)
- Oil filter bolts
- Oil filter cap
- Oil galley plugs
- Oil lines
- Oil cooler bolt(s)
- Fork oil drain bolts (if applicable)
- Radiator cap
- Coolant drain(s)
- Brake calipers
- Axle or axle nuts
- Axle caps or pinch bolts
- Other: _____

MACHINE NUMBER PLATES

- Proper CMRA #
- Color
- Size
- Location
- Style / Legible

INSPECTOR SIGNATURE UPON FULL COMPLIANCE: _____ **DATE:** _____