

ENTRY FORM – Seed 9 Rally: Jean, NV



Mail to:
 Marni Nagy – Registrar
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Marni@streetwiseparts.com

CAR INFORMATION				
Car Class:	Year:	Make:	Model:	Color:
Car Number:	State:	Vehicle License #:	VIN:	

OFFICIAL USE ONLY

DRIVER INFORMATION					
Name:		Home Phone:		Office Phone:	
Address:					
City:		State:		Zip:	
Email Address:					
Drivers License #:		State Issued:		Expir. Date:	
Rally America License #:				Expir. Date:	

Driver License <input type="checkbox"/>
Competition License <input type="checkbox"/>
Signed Waiver <input type="checkbox"/>

CO-DRIVER INFORMATION					
Name:		Home Phone:		Office Phone:	
Address:					
City:		State:		Zip:	
Email Address:					
Drivers License #:		State Issued:		Expir. Date:	
Rally America License #:				Expir. Date:	

Driver License <input type="checkbox"/>
Competition License <input type="checkbox"/>
Signed Waiver <input type="checkbox"/>

SPONSOR NAMES:	
Entrant Name:	

Insurance Warranty: I warrant that the competition vehicle and all service vehicles (for the competition vehicle), have current minimum insurance coverage of \$100,000/\$200,000/\$50,000 which meets or exceeds the vehicle insurance standards established and required by Rally America.

Policy Name:		Policy Number:	
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READ & SIGN: I agree to compete under the current **Rally** rules of Rally America and the supplemental rules pertaining to this event. I further affirm that the car I have entered complies with all requirements for the class and category in which it is listed above. Driver and car owner agree to permit the use of their names, voice, likeness of themselves and their vehicles for news features and publicity articles used by radio, television, video and motion picture film, newspapers, magazines and all other forms of media for the purpose of Rally America and sponsor advertising, event promotion and other purposes of trade without compensation to the driver and/or owner.

Driver:	_____	Date:	_____
	<i>Signature</i>		
Co-Driver:	_____	Date:	_____
	<i>Signature</i>		
Entrant/Owner: (If other than driver)	_____	Date:	_____
	<i>Signature</i>		

Bio Rec'd <input type="checkbox"/>
Insurance Limits Checked <input type="checkbox"/>
Entry Paid <input type="checkbox"/>
Amount Rec'd _____
Postmarked _____