

Solosport Entry Form

EVENT INFORMATION:			
Date:	Location:		
Organizing Club:	Level: Club Regional National Lapping TimeAttack		
Type of Event: Autoslalom			
COMPETITOR INFORMATION:			
Name (print):			
Email Address:	_		
Mailing Address:			
City:			
Phone Number:	Cl	ub Affiliation:_	
□ Waiver Signed □ Entry Fe	ee Paid 🗆 List	first and last in	itial in published results
VEHICLE INFORMATION:			
Make:	Model:		Year:
Engine Size:	Drive Train:	□ FWD □ R	WD AWD
Tire Make / Model / Size:			
Auto Insurance Company and Po			
COMPETITION INFORMATION:	: (Autoslalom / Tim	eAttack)	
Competitor #:	Class:	Shared \	Vehicle?: Vehicle?: No
I agree to compete under the current CNSF to this event. I further affirm that the car I in which it is listed above. The entrant agr understand and sign the waiver for this event LIABILITY AND INDEMNITY AGREEM (entrant, driver, owner, and all crew members).	have entered complines to ensure that the ent. This entry is not MENT form for this	es with all requirem by, the driver, the over valid unless the RE	ents for the class and category vner, and all crew members LEASE AND WAIVER OF
Driver's Signature:			Date: