



Classic Sports Racing Group - Vintage Racing Since 1968

NEW OR RENEWAL MEMBERSHIP FOR THE _____ RACING SEASON write in year

Please return this completed form, along with your check, to:
CSR, PO Box 447, Little River, CA 95456

_____ \$175 for a participating (racing) membership

_____ \$60 for an associate (non-racing) membership

Please include **all of the information requested here**. It is our only way to communicate with you.

Please print legibly. *=Required

*Date: _____ *Date of Birth (mm/dd/yyyy) _____

*Name: _____

*Address: _____

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

*Telephone (best contact): ___ Cell ___ Landline (____) _____

*Email address: _____

*With which sanctioning organization do you hold a license/medical card? _____ *Exp. Date: _____

*How many vintage races have you run in the past 3 years? _____

*With which sanctioning organizations: _____

*Have you been black-flagged or disciplined for any reason in any vintage event in the past 3 years:

_____ If yes, please explain: _____

Car/s you intend to race with CSRG this year:

Car 1 Year: _____ Make: _____ Model: _____

Type (circle one): Roadster Coupe Sedan Sports Racer Open Wheel Color: _____

Car 2 Year: _____ Make: _____ Model: _____

Type (circle one): Roadster Coupe Sedan Sports Racer Open Wheel Color: _____

If you have more than two cars that you will be driving with CSRG, please take the time to list the additional car information (year, make, model, type, color,) on the reverse side of this form.