



REQUEST FOR ENTRY

5th CSRG CHARITY CHALLENGE

INFINEON RACEWAY, OCT. 10-12th, 2008

Please carefully read and complete this entire form. **EVERY DRIVER MUST SIGN A RELEASE AT REGISTRATION!** If you have more than one entry, **PLEASE COPY & COMPLETE THIS ENTIRE SHEET** and return both of them along with your entry fees.

A copy of the CSRG General Rules & Safety Regulations is available at www.CSRGracing.org or from the CSRG Office - 925.736.2823. CSRG does not discriminate as to who can become a member; however, participation in a CSRG event is, indeed, subject to restrictions. Participation in a CSRG event implies agreement to abide by these and any other rules implemented by the Board of Directors, our insurance carrier, event officials or venue officials. By participating in a CSRG event, you waive the right to legal action against any individual or organization involved in the presentation of the event.

I would be interested in giving 3-lap Charity ride-arounds on Saturday___ and/or Sunday ___

DRIVER INFORMATION: Are you a first time driver with CSRG? _____ If so, lap time at this track: _____
Name _____ Age _____ Medical Card Issued by _____ Expires: _____
Address _____ City: _____ State: _____ Zip: _____
Phone (W) _____ (fax) _____ e-mail _____
How many Vintage races have you run in the past 3 years? _____ With which groups? _____
Have you been black-flagged/disciplined for any reason in a vintage race in the past 12 months? _____
If yes, explain: _____

CAR INFORMATION: Year/Make/Model: _____ Body Style: _____
Color: _____ Chassis # _____ No. of cyls. _____ Displacement _____
Has car received CSRG Provisional Approval? _____ Date of approval: _____ CSRG Log Book No.: _____
TRANSPONDER # _____

FIRST RACE NUMBER PREFERENCE WILL BE GIVEN TO THE ENTRY WITH THE EARLIEST POSTMARK

Race number requested: **1st choice:** _____ **2nd choice:** _____ **3rd choice:** _____

RACE ENTRY FEES:	CSRG and HGP members	\$ 425.00	\$ _____
	All Non-CSRG member entries	\$ 475.00	\$ _____
	2nd car entered by the same driver:	\$ 200.00	\$ _____
	Friday Test Day - 1p.m.-6p.m.:	\$ 150.00	\$ _____

ENTRY DEADLINE: TO AVOID LATE FEES YOUR ENTRY MUST BE **RECEIVED** on or before **9/20/2008**

LATE FEE - Applied if entering after **9/20/08** - regardless of postmark. \$ 100.00 \$ _____

PLEASE NOTE: No entries received after 9/29/08 will be accepted, regardless of fee or postmark.

Total amount enclosed: \$ _____

All fees must accompany this **COMPLETED** form. Credit card users please see reverse side
Please make all checks payable to: **CSRG, P.O. Box 825, Danville, CA 94526**

REFUNDS: For a full refund or credit, a request by posted mail or fax must be **received** no later than 10/3/08.

Credit Card Payment Request

5TH CSRG CHARITY CHALLENGE

October 10-12th, 2008, Infineon Raceway, Sonoma, CA

Cardholder's name _____

Billing address _____

City _____ State _____ Zip _____

Daytime phone number _____

Card # _____

Master Card _____ VISA _____

Expiration Date _____

Authorization # _____

Please enter the total amount - from reverse side - to be charged \$ _____

I have supplied the above information as payment for the CSRG Charity Challenge event,
and I agree to allow my credit card to be charged for the fee listed above.

Signed (cardholder) _____ Date _____