

CSRG REQUEST FOR ENTRY

Infineon Raceway, April 3-5th, 2009

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. Do not double list multiple cars on this page.

A copy of the CSRG General Rules & Safety Regulations is available at www.CSRGracing.org or from the 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 organization and presentation of the event.

DRIVER INFORMATION: Are you a first time driver with CSRG? _____

Name _____ Age _____ Medical Card Issued by _____ Expires: _____

Address _____ City, State & Zip _____

Phone (W) _____ (cell) _____ e-mail _____

How many Vintage races have you run in the past 3 years? _____ With which groups? _____

Have you been black-flagged or disciplined for any reason in any vintage race in the past 12 months? _____

If the answer is yes, please explain in clear detail on a separate piece of paper.

CAR INFORMATION:

Year/Make/Model of car: _____ Body Style: _____

Color: _____ Has this car received CSRG Provisional approval? _____ Date of CSRG approval: _____

Number preference will be given to those whose permanent number is registered and on file with CSRG.

Race number requested: _____ 2nd choice: _____ 3rd choice: _____

TRANSPONDER # - PLEASE PRINT LEGIBLY # _____

ENTRY DEADLINE: TO AVOID THE LATE FEE YOUR ENTRY MUST BE RECEIVED BY 3/16/09

FEES:	CSRG members:	\$ 425.00	\$ _____
	Non-Member Fee:	\$ 475.00	\$ _____
	2nd car, same driver:	\$ 200.00	\$ _____

All entry fees include TWO (2) Gate Entry tickets; additional tickets will be for sale at the gate on Saturday and Sunday.

Friday Practice – 1-6p.m.	\$ 150.00	\$ _____
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LATE FEE, if <u>RECEIVED</u> after March 16th, 2009 - No exceptions.	\$ 100.00	\$ _____
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PLEASE NOTE: NO ENTRIES ACCEPTED AFTER 3/23/09, REGARDLESS OF POSTMARK DATE.

Total amount enclosed:	\$ _____
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All fees, including practice must accompany this COMPLETED registration form.

Please make all checks payable to CSRG and send along with forms to:

CSRG, P.O. Box 825, Danville, CA 94526

For credit card transactions, please see other side of form.

REFUNDS: For a full refund, a request by mail or fax must be received no later than **3/27/09**.

Credit Card Payment Request
CSRG Annual 1st Event, April 3-5th, 2009
Infineon Raceway, Sonoma, CA

Cardholder's Name _____

Billing Address _____

City, State & Zipcode _____

Daytime Phone Number _____

Card # _____

Master Card _____ **Visa** _____

Expiration Date _____

Authorization # _____

Please indicate the total amount you authorize to be charged: \$ _____

I have supplied the above information as payment for the item/s below,
and I agree to allow my credit card to be charged for the amount shown above.

Signed (cardholder) _____ date _____

Entry _____ Friday practice _____