



# REQUEST FOR ENTRY

# 4<sup>th</sup> CSRG CHARITY CHALLENGE

INFINEON RACEWAY, OCT. 12-14<sup>th</sup>, 2007

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](http://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 or disciplined for any reason in any 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: **1<sup>st</sup> choice:** \_\_\_\_\_ **2<sup>nd</sup> choice:** \_\_\_\_\_ **3<sup>rd</sup> choice:** \_\_\_\_\_

<b>RACE ENTRY FEES:</b>	CSRG and HGP members	<b>\$ 400.00</b>	\$ _____
	All Non-CSRG member entries	<b>\$ 450.00</b>	\$ _____
	2nd car entered with the same driver:	<b>\$ 150.00</b>	\$ _____
	Friday Test Day 1p.m.-6p.m.:	<b>\$ 125.00</b>	\$ _____

**ENTRY DEADLINE:** TO AVOID LATE FEES YOUR ENTRY MUST BE **RECEIVED** on or before **9/22/2007**

**LATE FEE** Applied if entry received after **9/22/07** regardless of postmark date. **\$ 100.00** \$ \_\_\_\_\_

**PLEASE NOTE:** No entries received after **9/30/07** will be accepted, regardless of fee or postmark.

**Total amount enclosed:** \$ \_\_\_\_\_

All fees must accompany this **COMPLETED** registration 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 10/5/07.

**Credit Card Payment Request**  
**CSRG 4<sup>TH</sup> CHARITY CHALLENGE**

October 12-14<sup>th</sup>, 2007, 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 \_\_\_\_\_