



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:

**CSRG, PO Box 447, Little River, CA 95456S**

\_\_\_\_\_ \$200 for a participating (racing) membership

\_\_\_\_\_ \$70 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.