

Minnesota Autosports Club 2010 Event Registration Sheet

Event Name _____
Event Date _____

First & Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Vehicle Make: _____ Model: _____ Year: _____

Vehicle Modifications: _____

Vehicle Class: _____ Permanent Number: _____

Note: If you do not have a reserved Met Council Number, please see Class/Numbers Table at the event, to get a temporary number for the event or reserve a permanent number.

Driver Signature: _____

Registration Fee (check correct fee):

	<u>Member</u>	<u>Non-Member</u>
MOWOG 1 or 2 (Valleyfair)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
MOWOG 3-6, 9	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Test 'n Tune	<input type="checkbox"/> \$40	N/A
MOWOG 7 or 8 (Canterbury)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40

Please mail completed form with payment to:

Dave Kral, 5828 W. Meadow Lake Rd., New Hope, MN 55428