

Minnesota Autosports Club 2005 Event Registration Sheet

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** to get a number for the Event.

Driver Signature: _____

Registration Fees due at Event, as follows:

Please verify the correct registration fees for a particular event at <http://www.myautoevents.com>