



REGISTER

RACER'S NAME: ___ CLASS: ___ DATE OF BIRTH: MONTH / DAY / YEAR PLATE NO: _____ ADDRESS: ___ RACE TEAM: _____ CITY: _____ PROVINCE / STATE: _____ PC /ZIP: _____ NO. OF YEARS RACING EXPERIENCE: ___ RES. PHONE: ____ **EMERGENCY CONTACT INFORMATION** CELL: ___ NAME: __ PHONE NO: ___ ALTERNATE PHONE NO: _____ LICENCE INFORMATION: PROVINCIAL OR STATE LICENCE # ____ __ EXP: _____ **AHDRA#** _____ EXP: ____ **NHRA#** _____ EXP: _ FUEL ENDORSEMENT FUEL ENDORSEMENT FUEL ENDORSEMENT FUEL CLASSES 5 MAX • 4 ALLOWED PAST WATERBOX (INCLUDING RIDER) **RESTRICTED** PRO CLASSES 4 MAX • 3 ALLOWED PAST WATERBOX (INCLUDING RIDER) **AREA PASSES** ET CLASSES 3 MAX • 2 ALLOWED PAST WATERBOX (INCLUDING RIDER) CMDRA MEMBERSHIP DATE DATE DATE DATE DATE DATE DATE DATE NAME: PLEASE PRINT 1.RACER **RACE FEES PAID** 2.CREW 3.CREW 4. CREW 5.CREW 6.CREW 7.CREW 8.CREW