Team Endurance Race

Entry Form; Fall 2012

Team Details

Contact _____ **Phone** _____

Address _____ **Cell** _____

City, State, ZIP _____ **email** _____

Team Name _____ **Website** _____

If possible, please provide details of drivers on reverse of form.

Team Endurance Race	***200 Laps***	***200 Laps***	***300 Laps***
Date	10/21/2012	11/25/2012	12/23/2012
Location	Addison	Buffalo Grove	Addison
Arrival, Check-in & Briefing	5:00pm	5:00pm	5:00pm
Race	6:00pm	6:00pm	6:00pm

Please circle the races that you wish to enter.

Race Costs

200 Lap Team Entry	$300.00	x	1	=	$300.00	*Full payment is due at the time of entry.*
300 Lap Team Entry	$400.00	x	1	=	$400.00	
Series Entry**	$270.00	x	3	=	$810.00	

** Discount for teams entering and paying for all three rounds.

Payment Details

Cash ___ **Check** ___ **Credit Card** MC Visa Amex Other _____

Please Check ***Please Circle*** ***Please specify***

Card Number _____ **Expiration Date** _____

Cardholder Name _____ **Security Code** _____

3 or 4 digit code on reverse

This Entry Form represents a Contract between the Team and Chicago Indoor Racing (CIR) wherein CIR contracts to provide a Race made up of one timed Practice Session and one 200 or 300 Lap Team Endurance Race and the Team commits to pay the Entry Fee and participate in the Race in accordance with the Rules & Regulations of CIR. This Race Contract will be held inoperative in the event that CIR is unable to uphold the same due to strikes, accidents or any event/cause as described as Acts of God, beyond CIR's control.

Signed _____

Print Name _____ **Date** _____

301 Hastings Drive, Buffalo Grove, IL 60089
☏ (847) 941-9400 🖶 (847) 941-9401
www.chicagoindoorracing.com

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Team Drivers

All teams must consist of at least 2 drivers and no more than 6 drivers. All drivers must be at least eighteen (18) years of age and should be aware of Chicago Indoor Racing's zero tolerance policy regarding the consumption of alcohol or use of drugs prior to racing.

Name _____ **Phone** _____
Address _____ **City** _____
State _____ **ZIP** _____

Name _____ **Phone** _____
Address _____ **City** _____
State _____ **ZIP** _____

Name _____ **Phone** _____
Address _____ **City** _____
State _____ **ZIP** _____

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