



TEAM CHALLENGE PRE- ENTRY FORM



Please print clearly and legibly:

Track: _____ **Date:** _____, 20

The Team Captain and all Riders must have a current ASRA or CCS Competition License.

Team Competition #: Captain's Member #: - Captain's CCS #:

Team Captain:

Team Name:

Address:

City: State:

Zip: Day Phone #:

E-mail: _____ Transponder #:

Returning Teams: Please use your Team's assigned Competition Number at each event. Your points are assigned to this competition number and will not be transferred.

New Teams: List three Choices for your Team's Competition Number: 1. 2. 3.

You may remit by Credit Card, check, or money order in US Funds. If you wish to charge your entries, fill out the Credit Card information below.

CREDIT CARD INFO: -MASTERCARD -VISA -DISCOVER EXP DATE: -

CARD NUMBER: --- CVN#

CARD ISSUED TO:

You can only register one team per form.

Category	Classes	Comp #	Brand	CC	Fees
TEAM	GTO GTU GTL				\$175
CHALLENGE	(Circle one class)				
	Rider(s)		Member Number		
1					
2					
3					
4					
				Total	

READ THIS RELEASE

RELEASE AND ASSUMPTION OF RISK: I, hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, America Sportbike Racing Association L.L.C., HD Promotions, Heartland Park Road Race Series, Grand Prix and Production Racers Organization Inc., Loudon Road Race Series, Road Race Southwest Inc., NJMP Management L.L.C., United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Frank Kinsey Racing School, Visionsports Racing School, Longevity Racing School the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the current CCS/ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this license. I hereby agree to allow my likeness, or my team's likeness, to be used for promotional purposes by the Championship Cup Series and the ASRA Championship Series without any further compensation to myself. I certify that I have received a copy of the current CCS/ASRA Road Race Rules and Regulations and that the above information regarding my age, identity, and experience is true and freely given for the purpose of competing in this event:

CAPTAIN'S SIGNATURE: _____

FAX OR MAIL TO: ASRA – PO Box 121278-Fort Worth, TX 76121 Fax 817-246-2977



INSTRUCTIONS

Incomplete, illegible, or incorrect entries will be returned.

Please fill out the other side exactly as called for in the following instructions:

1. Please print the information in the blank spaces provided. It is important that you print clearly and precisely as most of the errors are not "typo" problems, but the results of our inability to read the forms. Do not abbreviate city names.
2. Make sure we have complete personal information for the Team Captain including name, address, the Captain's member number, daytime phone number, home phone number, and CCS Competition Number.
3. Team Captain must possess a current ASRA or CCS Competition License.
4. Please give us three choices for your competition number. We will assign you the first number available in the computer. You must run this number in all Team Challenges to have your points properly assigned.
5. Give us the correct information for the class registration (GTL, GTU or GTO) for which you are applying. If you fail to circle the class you are registering for, you will be placed in GTO. In the event of duplicate Team Names being requested, we will use the date the registration was received as the deciding factor in the assignment of names. ASRA reserves the right to refuse or edit inappropriate or offensive Team Names. ASRA shall have the final say on whether a name is appropriate.
6. Please complete the rider listing with member number of those who are riding with you at a particular event. Each rider must have a current CCS or ASRA license to compete. Remember a total of five riders may be used in a single season.
7. Read the release and sign on the signature line.
8. Fill out this form in its entirety and then fax it to 817-8246-2977 or send it to:

**CCS / ASRA
PO Box 121278
Fort Worth, Texas 76121**