

MACHISMO 500 RACE ENTRY FORM



STEP 1: Driver Data

Driver: _____ Age: _____
 Address: _____ Weight: _____
 City: _____ State: _____ Zip: _____ Phone/Day: _____
 Email: _____ Phone/Eve: _____

STEP 2: Team Information

Team Name: _____ Email Address: _____
 Team Drivers: _____ / _____ / _____
 name/age/weight _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

STEP 3 - Class Selection

Select Class: Team Fee valid thru 10/15/09

Sport¹ \$2,499
 270cc full-body kart

Pro² \$2,999
 390cc open-wheel kart

1) Sport Class entry open to all skill levels
 2) Pro Class entry requires kart racing experience with series approval

STEP 4 - Fee Total

Enter Fees: select one and enter applicable fee

Team Deposit: \$500/team \$ _____

Team Fee: (from Step 3) \$ _____

Driver Fee: (see below) \$ _____

A \$500 deposit is required to reserve a team entry at the above price. The balance of the Team Fee will be due in full no later than October 15, 2009. If you are paying for a team in full, please enter the corresponding amount as the Team Fee above in Step 4 and write the team name along with the list of drivers. If you are signing up as part of a team, please divide the corresponding team price by the total number of drivers on your team and enter that amount as the Driver Fee above in Step 4 and include the team name. If registering as a solo driver, please contact us first.

STEP 5 - Payment & Signature

By signing below you agree to the following: I understand and accept the Terms under which the Event will be run per the Machismo 500 rulebook. I understand no refunds will be given for any reason, only credits toward future races per the following guidelines: cancel up to 4 weeks prior to race day for 100% credit minus \$25 processing fee; cancel less than 4 weeks prior to race day for 50% credit minus \$25 processing fee. If paying by credit card, I hereby authorize the total due to be charged to my credit card immediately.

Credit Card #: _____ Total Paid: _____
 Expiration: _____ Type: VISA M/C Check #: _____
 Signature: _____ Date: _____

Mail, fax, or email your complete and signed registration form with payment to:
KARTING VENTURES, INC.
 5753 E. Santa Ana Canyon Rd., #G-567, Anaheim, CA 92807
 phone 951-506-9363 fax 866-609-6747
 www.calspeedkarting.com

OFFICE USE ONLY	
_____	_____
amt. paid	bal. due
_____	_____
process date	confirm date