



# TEAM ENDURANCE SERIES RACE ENTRY FORM

V02.011111

## STEP 1: Driver Data

Driver: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Weight: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone/Day: \_\_\_\_\_  
 EMail: \_\_\_\_\_ Phone/Eve: \_\_\_\_\_

## STEP 2: Event Fee & Team Information

<b>Fee Structure:</b>	<u>Team</u>	<u>Solo</u>	<b>Team Name:</b> _____
<b>4 Hour Race</b>	\$599	\$199	<b>Drivers:</b> _____ / _____
			name/age/weight _____ / _____
<b>8 Hour Race</b>	\$999	\$335	_____ / _____

If you are paying for a team, please include the corresponding amount below in Step 4 and write the team name along with the list of drivers. If you are signing up as part of a team then pay the corresponding team price divided by the total number of drivers on your team in Step 4 below. Be sure to include the team name above. If registering as a solo driver you will be placed on a team of no less or more than 3-4 total drivers.

## STEP 3 - Event Selection

**Select Event:** *check the event being entered*

January 22      4 Hour  
 April 23        8 Hour  
 June 19          4 Hour  
 July 23          4 Hour  
 September 17    4 Hour  
 December 17    4 Hour

*Dates subject to change without notice*

## STEP 4 - Fee Total

**Enter Fees:** *enter applicable fees and total*

Event Fee: (from Step 2)

Late Fee: Add 10% if <5 days prior

Practice Fee: \$100/team   
 optional 1 hour team session

**Total Due:**

## STEP 5 - Payment & Signature

Registration requires payment in full. By signing below you agree to the following: I understand and accept the Terms under which the Event will be run per the CalSpeed Endurance rulebook. I understand no refunds will be given for any reason, only credits toward future races per the following guidelines: cancel up to 2 weeks prior to race day for 100% credit minus \$25 processing fee; cancel less than 2 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:  
**CALSPEED KARTING**  
 9300 Cherry Avenue, Fontana, CA 92335  
 phone 951-506-9363 fax 866-609-6747  
 www.calspeedkarting.com

OFFICE USE ONLY	
<input type="text"/>	<input type="text"/>
amt. paid	bal. due
<input type="text"/>	<input type="text"/>
process date	confirm date