

F2000 championship

S E R I E S

2009 Series Registration Form

This form must be filled out entirely and returned with the fee in order to receive championship points and reserve a permanent number.

DRIVER INFO

Name _____ Age _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Office phone _____ Home Phone _____ Cell _____
Fax _____ email _____ SS# _____
SCCA Member # _____ SCCA National or Pro License # _____
Team or individual name _____

ENTRANT INFO

Address _____
City _____ State/Province _____ Zip/Postal Code _____
Office phone _____ Home Phone _____ Cell _____
Fax _____ email _____ Fed EIN# or SS# _____

CAR INFO

Chassis make/model/year/color _____
Engine Type [Pinto or Zetec] _____
Engine Builder _____
Transponder number _____

SPONSORS

CAR NUMBER REQUESTS

1st _____ 2nd _____ 3rd _____ 4th _____

Please sign both as driver and entrant

Your signature indicates your willingness to comply with all rules and such changes as my be instituted during the course of the 2009 season.

Driver _____ Date _____

Entrant _____ Date _____

Credit Card Info

Card name, acct # and exp date _____

Return completed form and registration fee of \$850.00, or \$700.00 if before 2-1-09, CC or check made payable to F2000 Championship Series, to:

F2000 Championship Series,
PO Box 638, Sharon, CT 06069
Phone 860-364-5252 Fax 860-364-9362