

REGISTRATION FORM

ASCC Tanacross Entry Form



Alaska Sports Car Club
 PO Box 220254
 Anchorage, AK 99522
www.aksportscarclub.org

CAR MAKE & MODEL:	CAR #	CLASS: IT / GTU / GTO / GTX / Solo
PRIMARY DRIVER:	Club:	Email Address:
Mailing Address:		
City:	State:	ZIP:
Phone:		
Emergency Contact Name / Relation:		Phone:
SECONDARY DRIVER:	Club:	Email Address:
Mailing Address:		
City:	State:	ZIP:
Phone:		
Emergency Contact Name / Relation:		Phone:

I understand this event is being run according to the current competition rules of the Alaska Sports Car Club. Vehicle classifications will be altered somewhat from these regulations dependent upon entries.

I agree to abide by and compete under any supplementary regulations pertaining to this event yet to be published. I understand that final classification and acceptance of my vehicle for competition will be at the sole discretion of the Chief Technical Inspector and agree to abide by his/her decisions as final.

I agree to pay necessary entry fees and have liability waivers signed by all accompanying crew, family and friends BEFORE gridding for first race.

I agree that after starting first race, entry fee is nonrefundable.

PRIMARY DRIVER:	Signature:	Date:
SECONDARY DRIVER:	Signature:	Date:

Club Use Only

Date	\$ Paid	Date	\$ Paid	Date	\$ Paid