

	DATE:	
NAME:		R INFORMATION
TEAM E-MAIL:		
PHONE: DAY		EVENING
DATE OF BIRTH:		************
	CAR OW	NER INFORMATION
NAME:		
ADDRESS:		
		EVENING
********	*******	R NUMBER REQUESTED:
PAY CHECK TO:		
ADDRESS:		
		OR EIN #
2013 License: \$200 US Do Please make your check pa	yable and mail to: PASS	r car is needed) Racing, Inc akehouse Road, Naples, ME 04055
qualify in. You will receive eligible for bonus points, an	d for the following: eide provisional starting po e discounted entry fees at ny other money payable, a windshield sticker will hav	ositions, also to receive bonus points for any event you attemp most events. All teams must run PASS windshield sticker to and provisional opportunities. Any team licensed or non- ve 10% of purse money deducted.
PASS Use Only Date Received	By:	Check #/Cash