



# TEAM CHALLENGE PRE- ENTRY FORM



**Please print clearly and legibly:**

**Track:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Team Captain and all Riders must have a current AMA membership and CCS Competition License.

Team Comp #: \_\_\_\_\_ Captain's AMA Member #: \_\_\_\_\_ Captain's CCS #: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ MyLapsTransponder #: \_\_\_\_\_

**Returning Teams:** Please use your Team's assigned Competition Number at each event. Your points are assigned to this competition number and will not be transferred.

**New Teams:** List three Choices for your Team's Competition Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
**You may remit by Credit Card, check, or money order in US Funds. If you wish to charge your entries, fill out the Credit Card information below.**

CREDIT CARD INFO:  - MASTERCARD  - VISA  - DISCOVER

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVN# \_\_\_\_\_

CARD ISSUED TO: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**You can only register one team per form.**

Category	Classes	Comp #	Brand	CC	Fees
TEAM	- GTO - GTU - GTL				\$200
CHALLENGE	(Check one class)				
	Rider(s)		AMA Member Number		
1					
2					
3					
4					
				Total	

## **READ THIS RELEASE**

**RELEASE WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT:** I, hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, American Sportbike Racing Association L.L.C., HD Promotions, North East Motorcycle Road Racing (NEMRR), Loudon Road Race Series, New Hampshire Motor Speedway Inc., Daytona International Speedway LLC, United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Penguin Racing School, Longevity Racing School, Team Hammer Inc., the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with any event during the current season, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever AND WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE. I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I hereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever and HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**AGREEMENT:** By my signature below, I hereby agree to the terms of the above release and further agree to abide by the current CCS/ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this license. I hereby agree to allow my likeness to be used for promotional purposes by the Championship Cup Se-ries and the ASRA Championship Series without any further compensation to myself. I hereby agree to surrender a complete unedited copy of any and all video to ASRA/CCS immediately upon request. I certify that I have received a copy of the current CCS/ASRA Road Race Rules and Regulations and that the above information regarding my age, identity, and experience is true and freely given for the purpose of competing in this event:

**CAPTAIN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL, FAX OR MAIL TO: ASRA – PO Box 151738, TX 76108 Fax 817-246-2977**



# INSTRUCTIONS

Incomplete, illegible, or incorrect entries will be returned.

Please fill out the other side exactly as called for in the following instructions:

1. Please print the information in the blank spaces provided. It is important that you print clearly and precisely as most of the errors are not "typo" problems, but the results of our inability to read the forms. Do not abbreviate city names.
2. Make sure we have complete personal information for the Team Captain including name, address, the Captain's AMA member number, daytime phone number, home phone number, and CCS Competition Number.
3. Team Captain must possess a current AMA membership and CCS Competition License.
4. Please give us three choices for your competition number. We will assign you the first number available in the computer. You must run this number in all Team Challenges to have your points properly assigned
5. Give us the correct information for the class registration (GTL, GTU or GTO) for which you are applying. If you fail to circle the class you are registering for, you will be placed in GTO. In the event of duplicate Team Names being requested, we will use the date the registration was received as the deciding factor in the assignment of names. ASRA reserves the right to refuse or edit inappropriate or offensive Team Names. ASRA shall have the final say on whether a name is appropriate.
6. Please complete the rider listing with member number of those who are riding with you at a particular event. Each rider must have a current AMA membership and CCS license to compete. Remember a total of five riders may be used in a single season.
7. Read the release and sign on the signature line.
8. Fill out this form in its entirety and then email, fax it to 817-246-2977 or send it to:

**ASRA / CCS  
PO Box 151738  
Fort Worth, Texas 76108**