ANNUAL ENTRY FORM

(For Annual Members ONLY!)

Mylaps

Racer# | First Name | Last Name | Age | Transponder # (MUST BE 7 DIGITS)

City | Province | Sled Brand

Email: | Contact #

Classes: Refer to description of classes in Newsletter #1

		Sat.	Sun.
120 Stock 1 (4-6 yrs)	$35x		
120 Stock 2 (6-10 yrs)	$35x		
Pro 206 1 (6-7yrs)	$50x		
Pro 206 2 (8-10 yrs)	$50x		
Champ (6-12 yrs)	$50x		
Transition 1(8-10 yrs)	$50x		
Transition 2(11-13 yrs)	$50x		
Transition Girls (8-13 yrs)	$50x		
Novice 200cc (6-12 yrs)	$50x		
Junior/Novice 1 (10-13yrs)	$50x		
Junior/Novice 2 (13-15yrs)	$50x		
Junior 1 (14-15 yrs)	$50x		
Junior 2 (16-17 yrs)	$50x		
Junior Girls (14-17)	$50x		
Trailsport 600	$50x		
Snow Bike Sport 450cc	$50x		
Snow Bike Pro 450cc	$75x		

R1-Sault St Marie Saturday	
R2- Sault St Marie Sunday	
R3- Innisfil Saturday	
R4- Innisfil Sunday	
R5- Valcourt (see below)	
Enter direct with Valcourt	
R6- Lindsay Saturday	
R7- Timmins Saturday	
R8- Timmins Sunday	
R9- Kitchener Saturday	
R10- Kitchener Sunday	
R11- Horseshoe Saturday	
R12- Horseshoe Sunday	

Tick boxes of events you will be attending. You will be charged before each entry closing date

R5- Valcourt enter directly with Grand Prix de Skidoo Valcourt

Enter the last 4 digits of your race sled VIN # for each class

Specialty Division		Sat.	Sun.	▼VIN#
Pro/Am Women (18+ years old)	$50 x			
Pro/Am Vets (30+ years old)	$75 x			
Sport Division(Adults 18yrs and over)				
Sport 1 600	$50 x			
Sport 2 600	$50 x			
Pro Division				▼VIN#
Pro Lite	$85 x			
Pro	$150 x			

Total Entry Fees for Weekend	
Transponders Rental @ $30 for weekend	
Mandatory Ambulance/Medic Fee (excludes 120 Stock 1 & 2 racers)	***25.00***
Mandatory Liability Insurance Fee (all racers)	***25.00***
Subtotal	
ADD: 13% HST (12506 3099 RT)	
Total Fees Due =	

Please use this form if you intend on racing all events
Simply tick events you are attending and the CSRA staff will pre enter you before each race. If you are unable to attend please ensure you call the office BEFORE raceday.

Entry fees must be paid in full BEFORE you will be allowed to practice or race!

Method of Payment: Visa:____ Mastercard:____

No Refunds unless event is cancelled.

Cardholders Name: _____

Credit Card Number: _____

Expiry Date: _____ Signature: _____

By signing, I authorize CSRA/Avann Racing Inc to charge the above credit card. 3 digit code on back:_____

MUST BE FAXED TO OFFICE
NO LATER THAN THE MONDAY PRIOR TO FIRST RACE ATTENDING
FAX TO 905-722-3188 or 1-866-533-1435

LATE FEE APPLIED