



USCRA Entry Form

May 15 - 17, 2009



Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

NOTE: This is an AMA Sanctioned event. ALL riders must have a valid AMA membership.

AMA Number: _____ Exp. Date: _____ License No.: _____

Medical Insurance Co: _____ Policy/Cert. No.: _____

Side Car Partner (if applicable): _____

AMA Number: _____ Exp. Date: _____ License No.: _____

Medical Insurance Co: _____ Policy/Cert. No.: _____

Racing No.: 1st choice _____ 2nd choice _____ 3rd choice _____

USCRA Class	Year	Make & Model	CC's	Disc Brake	Entry
50 CC Classic/ Super V / "Cosmo"/Modern			50 cc		
200 GP (& under)				NO DISC	
250 GP				NO DISC	
350 GP				NO DISC	
500 GP				NO DISC	
OPEN GP				NO DISC	
Ultra Lt. Wt. Super Vintage					
Lightweight Super Vintage					
Mid Weight Super Vintage					
Heavy Wt. Super Vintage					
Period IV Super Vintage F1 or F2					
Formula RD		RD 350 or 400 only			
Masters or Super Masters					
Eurocup/Formula Singles					
Pre 1950 & Classic Pre'65					
Sidecars: Classic or Super Vintage					
Modern 125					
American Twins					



USCRA Entry Form (cont'd) May 15 - 17, 2009



America's Oldest Vintage Racing Organization

I hereby enter the above vehicle(s) for the 2009 NHMS Road Course Program. I will abide by the rules set forth by NHMS and its organizers, and/or governing sanctioning body. I hereby agree that I will not hold the event organizers, NHMS or its employees and/or volunteers, or any party involved or connected with the above named event responsible for any damages to the entered vehicle(s), parts or other items displayed on my behalf during this event. This includes theft, or any type of damage related to racing or displaying this vehicle or vehicles.

Vehicle Owner's Signature: _____ Date: _____

	Prior to April 10	April 11 and on
First Vehicle	\$100	\$125
Additional Vehicles	\$50 each	\$75 each
Grand Marshal Barbeque Saturday, May 16 at 6:30 p.m.	\$20 per person, advance reservations needed	
Total:		

NOTE: Infield passes are no longer available in advance; they must be purchased at the gate for \$25 per person. Children aged 11 years and younger are free.

Please make checks payable to NHMS. We accept US funds only.

If paying by credit card, please fill out all the following information. We accept MasterCard, Visa and Discover. Sorry, we DO NOT accept American Express.

Name on card: _____ Card type (please circle one): **VISA** **MC** **DISCOVER**

Account #: _____ Exp. Date: _____

By signing this I authorize NHMS to charge the above credit card account accordingly for this event:

Signature: _____ Date: _____

Please mail this completed form to:

**NHMS
Vintage Racing Celebration
PO Box 7888
Loudon, NH 03307-7888**

THIS BOX FOR NHMS ONLY:

Rec'd: _____

Paid: _____

Type of Vehicle: _____

Garage Assigned: _____

Vehicle Form #: _____