



2nd Annual Garden State Classic, September 18-20, 2015 New Jersey Motorsports Park- Registration Packet

PLEASE READ: The following pages contain the registration forms for the 2nd Annual Garden State Classic at NJMP. There are **TWO forms that MUST be completed**. At the top of each form is a box that **MUST** be checked off if you pre-paid (either \$250 or \$450) for your entry. Also, if you pre-paid, please write 'POP' in the total box on each registration form.

You can still take advantage of the Pay-One-Price by sending a check NOW! The POP deadline is Sept. 7th, 2015!

If you are NOT taking advantage of the Pay-One-Price and instead submitting a 'per class' pre-entry, you must include a check or money order for payment. **Each day has separate entry fees.**

Please send all registration and checks to: **Doug Donelan, 14 Linhurst Place, Rockville Centre, NY 11570**
All checks should be paid to the USCRA, Not me!

In an effort to provide ample opportunity for 'bumping', the schedule has been split, there may be some crowded grids, requiring multiple wave starts. Safety is paramount and the schedule is subject to change for that reason.

The one practice session on Friday the 18th is open to all paid participants.

We will need scorers for this event. If you would like to volunteer, or know someone else who might, please have them contact Doug Donelan. Contact info is below.

New for 2015: Camping and electrical hookup is included without additional charge for each paid participant.

Questions? please contact Doug Donelan at (516) 851.7508 or email: cemoto68@yahoo.com

2nd Annual Garden State Classic, September 18-20, 2015 • NJMP

Saturday, September 19th Registration Form



Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Age _____ Race Number _____
 Emergency Contact: _____ 2nd Option _____
 _____ 3rd Option _____
 Name _____ Phone _____
 Address _____ Relationship _____

**PAY-ONE-PRICE
 PRE-ENTRY**
 ONLY check if you
 are pre-paid
 (\$250 or \$450)

Racing license: _____
 Organization: _____
 Number: _____
 Expiration: _____

Proof of insurance:
 Company: _____ Checked by: _____

Race	Class (For any race circle / check one ONLY) Please note: Order of classes on registration form reflects proposed schedule for the event					Make & Model	Year	Disp. (cc)	\$ Fee
1	Form. Flyweight	100 GP	250 GP	Form. MW	P4 Open				
2	500 GP	P4 Formula 1	Formula RD	Formula Singles					
3	Pre 1950	Pre 1965	LWSV	Euro Cup	P4 Form. 3				
4	Class. 50	SV 50	Mod. 50	Cosmo Cup	Tank Shift (6 laps)				
5	Sidecars <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage <input type="checkbox"/> P3 <small>Passenger:</small>								
6	Formula CB160	200 GP	350 GP	<input type="checkbox"/> Master <input type="checkbox"/> Super Masters					
7	P4 Formula 2	Modern 125/250 GP		HWSV					
8	Open GP	ULSV	Formula CB350	MW Production					

ENTRY FEES:

PRE-ENTRY PAY-ONE-PRICE: (By 09.07.15) \$450.00. Sidecar only \$250.00

Please check box at top of registration form ONLY if you pre-paid, and write 'POP' in total box at right.

PRE-ENTRY per class, per day: (By 09.07.15) \$150.00 first class; \$60.00 each additional class (incl. 2nd sidecar race). 50cc class ONLY, \$100.00.

'DAY-OF' POST-ENTRY per class, per day: (After 09.07.15-PAID AT THE GATE ONLY) \$175.00 first class; \$65.00 each additional class.

Please make checks payable in U.S. funds to: USCRA

Total \$

Please Note: All USCRA events are AMA sanctioned. You MUST be a member of the AMA in order to compete. AMA membership is available at registration.

RELEASE & INDEMNITY AGREEMENT - READ BEFORE SIGNING! I hereby give up all my rights to sue or make claim whatsoever against New Jersey Motorsports Park, USCRA, the promoters, sponsors, instructors, employees, volunteers, and all other persons, participants, or organizations conducting or connected with this event for any injury to person or property I may suffer, including, crippling injury or death, whether such injury arises while upon the premises, and, relying upon my own judgment and ability, I assume all such risks of loss and hereby agree to reimburse all such costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

SIGNED:

DATE:

Send this form & check or m/o in U.S. funds to: NJMP Registration, Doug Donelan, 14 Linhurst Place, Rockville Centre, NY. 11570,
 Email: cemoto68@yahoo.com. Phone: (516) 851.7508.



2nd Annual Garden State Classic, September 18-20, 2015 • NJMP

Sunday, September 20th Registration Form



Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Age _____ Race Number _____
 Emergency Contact: _____ 2nd Option _____
 _____ 3rd Option _____
 Name _____ Phone _____
 Address _____ Relationship _____

**PAY-ONE-PRICE
 PRE-ENTRY**
 ONLY check if you
 are pre-paid
 (\$250 or \$450)

Racing license: _____
 Organization: _____
 Number: _____
 Expiration: _____

Proof of insurance:
 Company: _____ Checked by: _____

Race	Class (For any race circle / check one ONLY) Please note: Order of classes on registration form reflects proposed schedule for the event				Make & Model	Year	Disp. (cc)	\$ Fee
1	250 GP	500 GP	MW Prod.	P4 Form. 1				
2	Euro Cup	Formula MW	Formula Singles	P4 Open				
3	Sidecar Race 1 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage <input type="checkbox"/> P3 <small>Passenger:</small>							
4	<input type="checkbox"/> Masters <input type="checkbox"/> Super Masters							
5	ULSV	Formula CB350	Formula RD	P4 Form. 3				
6	Class. 50	SV 50	Mod. 50	Cosmo Cup	Tank Shift (6 laps)			
7	HWSV	Open GP	Modern 125/250 GP	P4 Form. 2				
8	Form. Flyweight	100 GP	200 GP	350 GP				
9	Pre 1950	Pre 1965	Formula CB160	LWSV				
10	Sidecar Race 2 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage <input type="checkbox"/> P3 <small>Passenger:</small>							
ENTRY FEES:								Total \$

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SIGNED: _____ DATE: _____

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 Email: cemoto68@yahoo.com. Phone: (516) 851.7508.

