



## USACI Finals LOCAL CLASS Registration 2009

Full Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

Contact Number (\_\_\_\_\_) \_\_\_\_\_

Vehicle Information:

Year: \_\_\_\_\_ MAKE \_\_\_\_\_  
Model \_\_\_\_\_

RMS Power \_\_\_\_\_

Amplifiers (Brand and Power) \_\_\_\_\_

Woofers (Brand and Power) \_\_\_\_\_

**Entry fee is \$40 for first entry and \$30 for each additional entry. List ALL additional classes on rear. Secure Trailer Parking is \$100 for the entire event.**

Payment Method: Credit Card can call USACI 479-750-0505 to register.

Check Enclosed ( ) Credit Card ( )

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security code number \_\_\_\_\_

Billing Address (if not same as above) \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ **Total Payment \$** \_\_\_\_\_

I hereby approve USACI to bill my credit card in the amount shown above. I understand that this is a non refundable payment and that I will not receive a refund if I do not attend the event other than for an emergency as approved by USACI.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**When completed mail to USACI Finals - 4150 E highway 264 - Lowell - Ar - 72745**