



USACI Finals Car Show 2009

Class Number: _____ - (____)

Club Affiliation: _____

Full Name: _____

Address _____

City _____ STATE _____ ZIP _____

Contact Number (____) _____ E-Mail _____

Vehicle Information

Vehicle Year: _____ Make: _____ Model: _____

License Plate Number: _____ License Plate State: _____

Entry fee is \$\$40 for each entry. Each entry comes with one two-day pass for the driver. Competitors may purchase additional weekend passes for \$10 each. General admission price is \$15 per day.

**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