



USACI Finals Registration 2009

Competitor ID# _____

Full Name: _____

Address _____

City _____ STATE ____ ZIP _____

Contact Number (_____) _____

Event (SQ or SPL) _____ Division (modified - intro - etc) _____

Power Class _____ RMS Power _____

Event (SQ or SPL) _____ Division (modified - intro - etc) _____

Power Class _____ RMS Power _____

Event (SQ or SPL) _____ Division (modified - intro - etc) _____

Power Class _____ RMS Power _____

Entry fee is \$150 for first entry and \$100 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