



## USACI Finals Registration 2007

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. dB Drag Entry is \$100.00. 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**