

2010 NYSMA TOUR SERIES REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Car #1:

Car # _____ Class: _____ Division: _____

Driver Name: _____

Age: _____ Birthday: _____

Handler: _____

Car #2:

Car # _____ Class: _____ Division: _____

Driver Name: _____

Age: _____ Birthday: _____

Handler: _____

Car #3:

Car # _____ Class: _____ Division: _____

Driver Name: _____

Age: _____ Birthday: _____

Handler: _____

Total Number of Cars: _____	x	\$ 25.00 each	=
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Make Check Payable To NYSMA:

Bring Form To First NYSMA Tour Series Race:

****Note: Must sign up for the tour before the third race drops the green flag.**