



All Racer must register in order to participate.

Category: _____ Date: _____

Competition # _____ (if available) IHRA Summit Super Series # _____

IHRA Membership # _____ Expiration Date: _____

Drivers Name: _____ Address: _____

Home Phone # _____ Cell # _____

E-mail Address: _____

AUA License # _____ AZV # _____

Car Name and/or Sponser: _____

Body Year and Make of Car: _____

Make of Engine & Culn: _____

Advertised HP: _____ Motor Year: _____

Car Owner Name: _____

Car Owner Address: _____

Racing Accomplishments: _____

AMF USE ONLY

Class: _____

Class Code: _____

Class Index: _____

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