

**CHAMPIONSHIP CUP SERIES 2005 LICENSE APPLICATION**

*Please print clearly and legibly:*

*See instructions on the reverse side:*

Social Security #:    -   -     Birthdate:   -   -   Age:

Name:

Address:

City:                      State:

Zip:         Home Phone #

Work Phone #

Do You Have Personal Medical Insurance ? Yes ( ) No ( )

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

E-Mail

I wish to be licensed as a: Novice  Amateur  Expert  2004 Competition Number:     
(Amateur) (Junior)

List Choices for Your 2005 Competition Number: 1.    2.    3.

I am an experienced racer licensed by: \_\_\_\_\_ Years of experience:

I am applying for a license based upon training at a road racing school as described below:

Name of School: \_\_\_\_\_ Date & Track: \_\_\_\_\_

**New applicants must submit a school certificate or proof of previous experience**

CREDIT CARD INFO: -MASTERCARD -VISA -DISCOVER EXP DATE:   -

CARD NUMBER:

CARD ISSUED TO:

**READ THIS RELEASE**

**RELEASE:** I, hereby release, and agree to hold harmless the Championship Cup Series, Formula USA, Formula USA National Road Race Series, SFX Motor Sports Inc., d/b/a Clear Channel Entertainment-Motor Sports, SFX Entertainment Inc d/b/a Clear Channel Entertainment, Clear Channel Communications Inc., HD Promotions, Central Motorcycle Roadracing Association, Grand Prix and Production Racing Organization Inc., The Loudon Roadrace Series, New Hampshire International Speedway, Mid-Atlantic Road Race Club, Midwest Café Racing Association, Learning Curves Road Race School, Penguin Racing School, the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefor, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

**AGREEMENT:** By my signature below, I hereby agree to the terms of the above release and further agree to abide by the Formula USA Road Race Guide to Rules and Regulations, The Loudon Road Race Series Guide Book and any Special Regulations in all participation with this license. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a competition license:

**APPLICANT SIGNATURE:** \_\_\_\_\_.

**Do not fax this application. Mail to:**

**Loudon RoadRace Series 7925 W. Riverbend Rd. Crystal River, FL 34428**

## Instructions for 2005

**New for 2005.** The rider class names are changed. All Juniors will be called Amateurs and Amateurs will be called Novices.

**Number plate colors to change for 2005.** Novice plates will be white with red numbers and Amateur plates will be yellow with black numbers.

Please do not write any notes on the application form. Attach a separate note.

The license fee for 2005 is \$110. After July 1, 2005 the fee is \$75 and after September 1, 2005 the fee is \$35. Make all checks payable to LRRS.

Your 2004 number is reserved for you until December 31, 2004. After January 1, 2005 requests for new numbers will be handled as follows.

**Single digit** numbers are reserved for past multiple class champions.

**Two digit** numbers (Expert only) will be issued according to the total number of Expert points a rider accumulated in 2004 to riders whose request is received prior to January 1, 2005. Applications received after January 1 will be issued numbers on a first come first served basis.

After January 1, 2005 all **three digit** requests for new numbers will be issued on a first come first served basis. If you are late in sending in your renewal and your number has been requested by another rider you will be issued a number that will cause you the least grief.

Any rider with a single or two digit number that has not competed in the previous two years will lose that number.

Please make all checks payable to the Loudon Roadrace Series. (LRRS)

Enclose your check or money order for the correct fee (or fill in the credit card info) and mail to:

**Loudon RoadRace Series- 7925 W. Riverbend Rd – Crystal River, FL 34428**

**Phone number for GP/PRO for all licensing questions. 352-795-4031**

**Please do not fax this application. It will not be accepted.**

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# 2005 Loudon RoadRace Series

## Medical Form

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last tetanus shot \_\_\_\_\_ Organ Doner \_\_\_\_\_

Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Medical Problems (Heart, Kidneys, Epilepsy etc.) \_\_\_\_\_

\_\_\_\_\_

List major surgery or injuries in last 5 year s \_\_\_\_\_

Circle: Glasses    Contacts    Dentures    Other \_\_\_\_\_

### **In case of emergency contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have personal medical insurance Yes( ) No( )

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_