A.R.M.S. SoloSport Entry Form



EVENT INFORMATION			
Date:	_ Location:		
Organizing Club: Level: (club/regional)			
Type of Event: AutoSla	lom SoloSprint Lapping		

GION MOTOR SPORTS	Type of Event: AutoSlalom	SoloSprint Lapping	
		Solospimi Zupping	
	Entrant Inf	<u>formation</u>	
Name (print):			
Email Address	:		
Mailing Addre	ss:		
City:	Province	e: Postal Code:	
Phone Number	:: ()		
Waiver Signed	Entry Fee Paid	Club Affiliation:	
List only F	irst Name and Last Initial in publ	plished results: () (AutoSlalom/SoloSprint)	ı
	<u>Automobile I</u>	<u>Information</u>	
Make:	Model:	Year:	
Engine Size: _	Drive train: Fi	Front / Rear / All Wheel Drive	
Tire Make / M	odel / Size:		
			-
Automobile In	surance Company and Policy #	(if applicable):	
			_
	Competition Informat	tion (AutoClalom/ColoComint)	
	Compension information	(Autostatom/SotoSprint)	
Assigned Com	npetitor #: Is this a shared	d vehicle? Class:	
knowledge. It is under provisions of the appr	rstood and agreed that the undersigned and the copriate sections of the current A.R.M.S. Handb	information given is true and complete to the best of my car described above are to participate / compete under the book and the event's Supplementary Regulations. The Entrar bers understand and sign the waiver for this event. This entr	

not valid unless the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, ASN-CANADA-FIA INC. form for this event has been signed by all registered herein (driver, entrant, owner, and all crew members).

Signed – Driver/Entrant:________Date:_____ Owner (if different from above):

ARMS SoloSport 2006-DJH