



TEAM VEHICLE REGISTRATION FORM

For Entrant Use Only

A separate form must be completed by the Entrant for each class in order to register each bike for the season and be assigned a competition number in each class. You may register your back-up bike on the same form as your primary bike for each class. A current Entrant's license is required in order to submit a registration form.

Team Vehicle Registration Fee is \$50.00 per bike per class

Please Print Legibly

Team Name: _____

Entrant's Name: _____
(First Name) (M. Initial) (Last Name) (Social security OR Federal ID number)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: _____ Work Phone #: _____ Mobile Phone #: _____

Fax #: _____ e-mail Address: _____

Entrant Signature: X _____ (Required to process application)

A separate form must be completed by the Entrant for each bike in each class

Class: { } American Superbike { } Daytona SportBike { } Moto-GT 1 { } Moto-GT 2

Requested Competition #: First Choice _____ Second Choice _____ Third Choice _____

MOTORCYCLE INFORMATION

(Year) (Brand) (Model) (Displacement) (VIN - Serial #)

If you are also registering a back-up bike, please enter Information below

(Year) (Brand) (Model) (Displacement) (VIN - Serial #)

THIS VEHICLE REGISTRATION EXPIRES 12/31/2009

Mail with payment to: AMA Pro Racing,
735 Fentress Blvd., Daytona Beach, FL 32114
Phone 386-492-1014

FOR OFFICIAL USE ONLY

Date received: _____ Amount Paid: _____ By: _____



2009 AMA PRO RACING
VEHICLE REGISTRATION PAYMENT

Entrant Name: _____

Team Name: _____

Vehicle Registration

- American Superbike at \$50.00 per bike \$ _____
- Daytona SportBike at \$50.00 per bike \$ _____
- Moto-GT1 at \$50.00 per bike \$ _____
- Moto-GT2 at \$50.00 per bike \$ _____

Total Due: \$ _____

You may remit by credit card, check, or money order in U.S. Funds payable to: AMA Pro Racing. If you wish to charge your entry, please complete the following credit card information:

{ } Visa { } Mastercard { } Discover { } American Express

Card #: _____ Expiration Date: ____/____/____
Month/Year

Name as it appears on the card: _____

Signature: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Amount: _____

Check #/CC Approval Code: _____ By: _____

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