



2010 SEASON
GOLDEN STATE CHALLENGE
REGISTRATION FORM
 (Must Be On File Prior To Purse Distribution)



▼ ◀CHECK ONE	
<input type="checkbox"/>	REGISTERED (Both Owner & Driver Must Be Registered to Receive Points)
<input type="checkbox"/>	NON-REGISTERED (Owner Pay-Off Information Only)

REGISTRANT INFORMATION			
Name:		Age:	
Address:			
City:	State:	Zip:	
TAX ID or SSN:			
<small>(Checks Issued Only With Federal Tax ID or Social Security Number - All Checks Issued valid for 90 days)</small>			
Home/Cell Phone:	()		
Work Phone:	()		
Email Address:			
Date of Application:		Signature:	

▼ CHECK ONE ▼			
<input type="checkbox"/> OWNER	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OWNER/DRIVER	<input type="checkbox"/> PITCREW
CAR # (Included a Letter if Necessary) ▶			

▼ ◀CHECK ONE	
<input type="checkbox"/>	Owner & 2 Crew - \$275 - Card Names:
<small>EARLY BIRD OWNER & 2 CREW - \$220, Must Be Received by February 15th, 2010</small>	
<input type="checkbox"/>	Individual Registration - \$100 - Card Name:
<small>EARLY BIRD INDIVIDUAL - \$75, Must Be Received by February 15th, 2010</small>	

OWNER/DRIVER or DRIVER ONLY - INSURANCE BENEFICIARY INFORMATION			
Name:		Relationship:	
Address:			
City:	State:	Zip:	
Home/Cell Phone:	()		
Work Phone:	()		
Social Security #:			

FOR OFFICE USE ONLY			
CASH PAID: \$ _____	CHECK: # _____	DATE PAID: _____	
MEMBER CARD: _____	DATE MAILED: _____		
AMT. REC'D: \$ _____	REC'D BY: _____		

MAKE CHECKS PAYABLE TO: **HANDY RACING PROMOTIONS**
100 SO. HARDING, #3, ROSEVILLE, CA 95678

BUSINESS OFFICE PHONE # :	(916) 969.7484
BUSINESS OFFICE FAX # :	(916) 783.7223