

**RCROCS November 10, 2007**

**Team Information**

Team Name: _____	Class: 1    2    3	circle one
Requested Team # (pick 4): _____		

**Driver**

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State/ZIP _____	State/ZIP _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
e-mail: _____	e-mail: _____

**Spotter**

**Vehicle Information**

Vehicle Make and Model: \_\_\_\_\_

Tire Brand and Size: \_\_\_\_\_      Front Locker: \_\_\_\_\_      Rear Locker: \_\_\_\_\_

Lift Brand: \_\_\_\_\_      Lift Model: \_\_\_\_\_      Lift Size: \_\_\_\_\_

Wheels: \_\_\_\_\_

**FEES**

\$ 50 check made out to Rausch Creek Off-Road Park and mailed to P. O. Box 246, Camp Hill, PA 17001-0246

**SIGNATURES**

I acknowledge that I have read and understand the liability release agreement.

Driver: _____	Date: _____
Spotter: _____	Date: _____
Alternate: _____	Date: _____