

Fayette County Agricultural Society Inc –BUS RACE REGISTRATION FORM

EVENT: Fayette County Fair School Bus Race – July 30, 2010

TRACK: Fayette County Race Track (3/8-mile, dirt oval)

TECHNICAL DIRECTOR: Jeff Thoms, (563) 422-5202

RACE DIRECTOR: Fayette County Fair Board representative, (563) 422-5202 (call after 10:00 a.m. on weekdays)

THIS FORM MUST BE FULLY COMPLETED AND MAILED TO:

Fayette County Agricultural Society Inc

504 South Vine St

West Union, Iowa 52175

ENTRY FEE: \$25 FOR PRE-ENTRY (RACE ENTRY SUBMITTED BY 7/23/10)

\$35 ENTRY FEE AT THE PIT GATE

MAKE CHECK PAYABLE TO: Fayette County Agricultural Society Inc

DISCLAIMER

The rules and/or regulations set forth herein are designed to provide for the orderly conduct of racing events and to establish minimum acceptable requirements for such events. These rules shall govern the condition of all events, and by participating in these events, all participants are deemed to have complied with these rules. NO EXPRESSED OR IMPLIED WARRANTY OF SAFETY SHALL RESULT FROM PUBLICATIONS OF OR COMPLIANCE WITH THESE RULES AND/OR REGULATIONS. They are intended as a guide for the conduct of the sport and are in no way a guarantee against injury or death to a participant, spectator, or official.

The Technical and Race Directors shall be empowered to permit reasonable and appropriate deviation from any of the specifications herein or impose any further restrictions that in his opinion do not alter the minimum acceptable requirements. NO EXPRESSED OR IMPLIED WARRANTY OF SAFETY SHALL RESULT FROM SUCH ALTERATION OF SPECIFICATIONS. Any interpretation or deviation of these rules is left to the discretion of the officials. Their decision is final.

DRIVER'S NAME (Print) _____
SOCIAL SECURITY # _____

DATE _____ The driver assumes responsibility for actions of Bus Owner, Crew Chief and Pit Crew. All must abide by all rules, regulations and decisions as well as the stipulations announced by the Technical Director and Race Director.

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DRIVER'S SIGNATURE _____

PHONE (_____) STREET _____
CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

BUS NO. 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

MAKE OF BUS _____ YEAR _____

BUS SPONSORS _____

EMERGENCY CONTACT PHONE () _____

KNOWN MEDICAL CONDITIONS _____