

North Central Chapter Meet Registration Form



DATE: **Saturday, August 15, 2009**

SCHEDULE OF EVENTS: **8:00 a.m. Check In, 8:45 a.m. Owners & Judges Meeting
9:00 a.m. - 2:00 p.m. Flight Judging**

LOCATION: **Kennedy Franchising (Chapter Sponsor), 2225 Daniels St, Long Lake, MN 55356**

(NOTE: Registration forms & directions are available at northcentralncrs.org.)

If requested a map will be sent along with confirmation of registration.)

Anyone needing directions please call Dale Crosby at 651-430-1154.

NAME _____ SPOUSE/GUEST _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ NCRS # _____ JUDGING LEVEL _____

If you're planning on coming to the Meet to JUDGE, OBSERVE or have your car JUDGED please fill out and return this form by: July 15, 2009.

REGISTRATION: Due to time & judges available, we will only be able to Flight Judge a **limited number** of registrations received. (Therefore, send your registrations in immediately for Flight Judging.)

Flight Judging - \$30.00 \$ _____

Sportsman - \$10.00 \$ _____

Total (make check payable to North Central Chapter NCRS) \$ _____

Car to be Flight Judged: Year _____ Model _____ Serial No. _____

Sportsman Display Car: Year _____ Model _____ Serial No. _____

I will help judge in class (indicate 1st, 2nd & 3rd choice): (**Must register, but NO fees required**)

C1 _____ C2 _____ C3 _____ C4 _____ T-Shirt Size _____

I would prefer to judge (indicate 1st, 2nd & 3rd choice):

Exterior _____ Interior _____ Mechanical _____ Chassis _____

Yes, I would like to tabulate – No experience necessary (name) _____

T-Shirt Size _____

HOLD HARMLESS AGREEMENT

I agree to insure my vehicle(s) and property against loss, damage and liability and to provide proof of such insurance to NCRS. I agree to assume the risk of any and all damages or injury and indemnify and hold harmless NCRS, it's officers, directors, agents, employees and chapters for any acts or omissions which may result in the theft, damage or destruction of my property or injury to me or others occurring during or as a consequence of the above activity, wherever located.

SIGNATURE _____ DATE _____

AUTO INSURED WITH _____ POLICY NO. _____ EXP. DATE _____

COMPLETE VEHICLE SERIAL NO. _____ COLOR _____

To expedite processing please **include a copy of proof of insurance and ownership**. (Copy of title.) Your proof of insurance and ownership MUST be available for judges during flight judging.

Send your completed registration form and fee to: Dale Crosby, 12355 40th Street No. Stillwater, MN 55082, by 7/15/09