

AUTO OR MOTORCYCLE RACING

Clients's Name _____

1. Does your client hold a competition license? yes no

What racing schools attended? _____

Professional or amateur racer? _____

2. What racing division does your client participate in and who is the sanctioning body?

How often and where does your client race? _____

3. Please describe car/bike used: displacement, maximum HP, chassis and maximum speed.

4. Does your client intend to race in any other classes/divisions? _____

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775