

**SPRING MOUNTAIN MOTORSPORTS RANCH, PARHUMP, NV
NOVEMBER 10-11TH**

2 SPRINT-RACES / 1 DRIVER

- \$7,500 / driver
 - 25-min Practice
 - 25-min Sprint Qualifying
 - 25-min Sprint Race 1
 - 25-min Sprint Race 2

ADD-ONS

MANDATORY INSURANCE:

- \$990 / driver
 - Mandatory Race Event Insurance Policy Purchase:
 - Maximum damage coverage of \$25,000, with a \$5,000 deductible
 - \$5,000 Damage Deposit required

ADDITIONAL PRACTICE:

- \$990 / driver
 - 25-min Practice Session

COACHING:

- \$590 / driver / WE
 - Coaching including Video & Data Analysis
 - Up to 4 drivers / instructor

DECALS:

- \$290 / car
 - Personal Graphics Package
 - 1 logo with placement on each door and hood
 - 7-day notice required

RACE EVENTS INCLUDE

- LV02 RACECAR
 - Car rental for the event, Transportation, Maintenance, Fuel, Brakes, Tires.
- Event and Series Entry Fees
- Lounge with seating area, snacks and drinks
- On-board Video
- Racing Staff:
 - Team Manager, Hostesses, Mechanics

FOR ALL RACE EVENTS, PRICES DO NOT INCLUDE:

- Driver's transportation and accommodation
- Meals during the event



AGREEMENT

The undersigned Mr./ Mrs./ Ms. _____ wishes to register for this program of the 2017 **EXR Racing Series**. I therefore hereby agree to comply with the relevant technical and sporting rules. I also hereby release **EXR Racing Series**, its members, related entities, agents, officers, directors and assigns as released parties and from all liability on account of bodily injury, with or without liability, occurring during a program/meeting or a driving session using a **EXR Racing Series** race car. EXR Racing Series reserves the right to change the calendar of events at any time.

Date _____

Name _____

Signature _____

RACING DRIVER'S REGISTRATION





EXR RACING SERIES
Races Registration Form

Please fill in your information in the designated lines below. Sign and return to: series@exoficsracing.com

Last name _____ First name _____ Female Male

Address _____

City _____ State _____ Zip code _____ Country _____

Phone # _____ E-mail _____

Profession _____ Company _____

Date of birth ____/____/____ Birth Country _____

Height _____ Weight _____ Shoe size _____ Helmet size _____

I have Racing Gear Yes No I have a Racing License Yes No

Sanctioning Body / Grade _____ License Number _____

Sponsors _____ Team Name _____

Road Driver's License # _____ State Issued _____

Previous Racing Experience _____

Emergency Contact Name _____

Relationship _____ Phone # _____

Bringing guest Yes No # of guests _____

Allergies or Medical Conditions _____



CREDIT CARD AUTHORIZATION

An additional 2.5% fee will be applied for credit card payment

Type of Card **VISA**  **AMERICAN EXPRESS** 

Name (as it appears on the card) _____

Credit Card Number _____

Expiration Date ____/____/____ CVC Code _____

Billing Address _____

City _____ State _____ Zip code _____ Country _____

I, _____ (full name) authorize EXR Racing Series to charge my credit card for the amount of \$ _____ dollars including a 2.5% fee.

Date _____

Signature _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

WIRE TRANSFER

MEADOWS BANK
ABA or Routing Number: 122402382
Beneficiary: Exotics Racing Series
Account Number: 1020041305

International wires:
PACIFIC COAST BANKERS' BANK
ABA or Routing Number: 121042484
Account Number: 122402382
Swift Code: PCBBUS66

BANK CHECK

Payment can be done by Bank Check made payable to: Exotics Racing Series, LLC.