



2009 United States Rotax Max Challenge

Grand Nationals

Micro Max Competition Information

Friday, July 24, 2009

The following information is required for all Micro Max entries to the US Grand Nationals. This is an effort to insure all Micro Max entrants possess the skills needed to compete at this level of competition.

Entrant _____ Home Series _____

Years Racing _____ Other organizations competing in _____

Other Classes Competing in besides Micro Max _____

Did you compete at the Rotax Summer Shootout at OMC July 18-19 Yes _____ No _____

This document needs to be presented to your local series officials for verification;

As the series official I agree the above listed racer possess the skills to compete at the US Grand Nationals, I have witnessed the entrant in competition and have confidence in the driver's ability to the close competition that will be present at this years event.

Series Official _____ (Please Print Name) Position _____ (Series; Race Director, Series Director, etc)

Signature of Series Official _____ Date ____/____/2009

Parent Information:

I certify the above information is correct and submit this document as part of the official entrant form for the 2009 US Rotax Max Challenge Grand Nationals. I also understand the Event Officials reserve the right to remove any competitor from competition if they feel that after observing the competitor, the skills to compete at this level of competition are not displayed by the driver. I also understand that officials may decide at any point during the days of competition that the driver should not continue in the event. The number one concern is to assure, to the best of our ability, that each Micro Max competitor possess the skills to compete at this level of competition. I also understand that this completed document is required before the entry will be confirmed.

Fax copies will not be accepted, all forms must be submitted via mail or e-mail. This is required because copies faxed lack quality and are many times not clear. Copies delivered by mail are preferred. If a submitted copy lacks any of the above information or the quality makes the information unreadable they will be returned.

Parent or Guardian _____ (Please Indicate Parent or Guardian) _____ (Please Print Name) Date ____/____/2009

Signature _____

Marshall Martin
National Race Director
United States Rotax Kart Challenge
rmaxnrd@gmail.com
Office 574-289-3040

Mail completed form to:
Marshall Martin
1018 Culver Place
South Bend, IN 46616