

2010 PRE-RACE ENTRY PAYMENT FORM



PO BOX 269 | CANAAN, NH | 03741
(800) 924-2594 | FAX: (603) 523-4478
modifiedracingseries1@hotmail.com

NAME: _____ CAR # _____

MAILING
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____

* PLEASE COMPLETE AND FAX BACK OR MAIL WITH A CHECK OR CREDIT CARD INFORMATION*

RACE DATE: _____ TRACK: _____

COST: \$40.00 IF RECEIVED 2 WEEKS PRIOR TO THE EVENT

ANY QUESTIONS...CALL THE OFFICE.

PAYMENT INFORMATION: WE ACCEPT CHECKS / VISA OR MASTERCARD

CHECKS ARE TO BE MADE PAYABLE TO: MODIFIED RACING SERIES

CREDIT CARD #: _____ EXP. DATE: _____

SECURITY CODE #: _____ (ON THE BACK OF CARD) BILLING ZIP CODE: _____

NAME ON THE CARD: _____ AMOUNT: \$ _____

SIGNATURE : _____

5% Surcharge on all credit cards.