



3RD ANNUAL BLACKHAWK FARMS ADAM SCHATZ BENEFIT FUND TEAM RACES

2010 ENTRY FORM

(PLEASE PRINT CLEARLY)

DRIVER NAME _____ DATE OF BIRTH _____

2nd Driver Name _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ E-Mail _____

BLACKHAWK FARMS - AUGUST 7TH

**TROPHY'S AND AWARDS WILL BE
PRESENTED TO THE TOP 5 TEAMS**

**ALL MONIES COLLECTED WILL BE
DONATED TO
THE ADAM SCHATZ BENEFIT FUND**

CLASS # _____

KART # _____

TEAM NAME _____

TRANX # _____

RACE ENTRY FEE: \$100.00

Make checks Payable to Adam Schatz Benefit fund

All Monies collected will be donated to the Adam Schatz Benefit fund

VISA / MC / DISC / Am Ex# _____ EXP: _____ CVV2 Code: _____

REGISTRATION USE ONLY

Amount Paid: \$ _____ Received by: _____ Date: _____

Cash Ck./MO # _____ Credit Card

The Championship Enduro Series and its organization(s) reserve the right to refuse any and all entries at any series event.