

2016 ECTA Entry Form

Complete the appropriate section and mail/email/fax with fee to address below.

Car Entry Form

ENTRY/RACE TEAM NAME _____ Entry #: _____
PRIMARY DRIVER: _____ Car Class: _____/_____
RACE DAY PHONE NUMBER _____ PRI. Driver: _____ Rookie ___ Yes ___ No
Driver #2: _____ Rookie ___ Yes ___ No Driver #3: _____ Rookie ___ Yes ___ No
Driver #4: _____ Rookie ___ Yes ___ No Driver #5: _____ Rookie ___ Yes ___ No
ENGINE year & manuf.: _____ CID/cc _____ No. Cyl. _____ Volts _____
BODY year, make & model: _____ Gas or ___ Fuel ___ Blown or ___ Unblown

Motorcycle Entry Form

ENTRY/RACE TEAM NAME _____ Entry #: _____
PRIMARY RIDER: _____ Bike Class: _____/_____-_____/_____
RACE DAY PHONE NUMBER _____ PRI. Rider: _____ Rookie ___ Yes ___ No
Rider #2: _____ Rookie ___ Yes ___ No Rider #3: _____ Rookie ___ Yes ___ No
Rider #4: _____ Rookie ___ Yes ___ No Rider #5: _____ Rookie ___ Yes ___ No
ENGINE year & manuf.: _____ CID/cc _____ No. Cyl. _____ Volts _____
FRAME year, make & model: _____ Gas or ___ Fuel ___ Blown or ___ Unblown

Entry fee - Apr/May Meet (3 days): \$300 - June Meet (2 days): \$250 - Sept/Oct Meet (3 days): \$300
Must be mailed no later than 10 days before meet.

To register online, after February 1st, visit: www.raceit.com/Register/?event=34289
Refund policy can be found in the ECTA rule book and online at ECTA-LSR.com

To pay by credit card either mail to address below, fax to 888-413-3171 or email to ectamembership@hotmail.com.

___ VISA ___ MasterCard ___ Discover ___ AMEX

Credit Card Holder: _____ Billing Address Zip Code: _____

Credit Card No: _____ Expiration: ___/___ CSV #: _____*

*Three digit number on back of card by signature line. On AMEX, embossed four digits located on front.

Please make checks payable to: ECTA

Mail to: ECTA
204 Janice Street
Enterprise, AL 36330

ECTA USE ONLY
Amount Paid: \$_____
Date Received: _____
[] Check
[] Cash
[] Credit Card