

# Greater Chicago Soap Box Derby Association

## 2008 Racer Registration

	Racer's Name	Class	Birthdate
1.		<input type="checkbox"/> Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> Masters	
2.		<input type="checkbox"/> Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> Masters	
3.		<input type="checkbox"/> Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> Masters	
4.		<input type="checkbox"/> Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> Masters	

### Mother

Name		
Address		#
City	State	Zip
Phone (      )		
E-mail		
Occupation		

### Father

Name		
Address		#
City	State	Zip
Phone (      )		
E-mail		
Occupation		

All information provided on this form is for official use only. We ask for parents' occupation to allow for the most efficient use of our club resources.

### You must provide all of the following:

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Completed registration form<br/>Birth certificate for each racer unless one is already on file with the AASBD.</li> <li>2. Recent photograph of each racer<br/>Head and shoulders 1_"x 2_" approx.<br/>school pictures work nicely</li> <li>3. Completed racer profile for each racer</li> </ol> | <ol style="list-style-type: none"> <li>4. Payment of family registration fee<br/>\$100 if paid at April 20 clinic, (rain date April 27) after clinic date \$125, after May 18<sup>th</sup> \$150.<br/>New racing families have until inspection night to register at \$50.<br/>Non-competitive car cost \$25 to race and \$5 for each additional family member for dinner.</li> </ol> |
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The Greater Chicago Soap Box Derby Association is able to exist through the active participation of the parents and racers. Without this volunteering this association would be severely handicapped in its ability to sponsor a racing program.

I am willing and desirous that my child becomes a member of the Greater Chicago Soap Box Derby Association. I will make every attempt to assist him/her in observing the rules of the association. In consideration of the benefits derived from membership, I hereby voluntarily wave any claim against the Greater Chicago Soap Box Derby Association or any member of the same for any and all causes, which may arise in connection with the activities of the association. As Parent/guardian I understand the Greater Chicago Soap Box Derby Association is an active one for my child, which requires my participation at races, including but not limited to assisting in track setup and tear down.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Send completed form and payment to GCSBD, 1530 Fairway circle, Geneva, IL 60134

<b>Make checks payable to: GCSBD</b>
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