

2021 SUPER HOOLIGANS RIDER INFORMATION

Charlotte Half-Mile, October 8

Please complete and return this form no later than Wednesday, September 22

AMA Membership # _____

Name: _____ Comp #: _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

Email Address: _____ Cell Phone: _____

Birth Date: _____ Age: _____
(MM/DD/YYYY)

MOTORCYCLE INFORMATION:

(YEAR) (BRAND) (MODEL) (DISPLACEMENT) (VIN – SERIAL NUMBER)

SPONSORS (List in the order to be printed): _____

You will receive a link and instructions to complete your single event membership application and electronically sign all waivers online. This must be completed before your entry can be processed. Please note that all crew members will need to complete the application online as well and purchase an event credential. Event credentials are \$70.00 per event.

Entries are considered complete only when all information and signatures are included. The receipt of this entry application by AFT Events or by any AFT Events official, and/or the depositing of accompanying funds by AFT Events does not constitute approval or acceptance of this entry application. All approved and accepted entries constitute a contract binding the Entrant to take part in the event as constituted on the entry form. As Entrant, I acknowledge that I have read and understand all terms and provisions in the Official Entry Form.

Rider's Signature: X _____

Note: Schedule is subject to change

2021 SUPER HOOLIGANS CHARLOTTE CREW CREDENTIALS DEADLINE TO SUBMIT CREW LIST AND PAYMENT IS SEPTEMBER 22

Rider Name: _____ Comp#: _____

Email: _____

Contact Number: _____

Single Event Credentials: \$70.00 per event

Name	DOB	Email Address	Cell#
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____
Crew: _____	_____	_____	_____

Each Crew member will receive a link and instructions to complete their single event membership application and electronically sign all waivers online. This must be completed before their credentials can be purchased.

Visa Mastercard Discover American Express

Card #: _____

Expiration Date: ____/____
MONTH / YEAR

Name as it appears on the card: _____

PLEASE PRINT CLEARLY

Signature: _____

All minors must have 2021 AFT Minor release forms signed by a **Parent** on file for admittance. Please address any questions and return with payment information to Becki Edmondson at bedmondson@amapracing.com