

New Castle Motorsports Park 2007 TaG Endurance Race Pre Entry Form

Entry **MUST** be received by fax or mail no later than Saturday October 6th

Team Name_____

Driver 1 (Main Team Contact Please)_____

Driver 2_____

Driver 3_____

Driver 4_____

Street Address_____

City_____ State_____ Zip_____

Daytime Phone of Contact Driver_____

Email_____

Transponder Number (if you own one)_____

Desired Kart Number (please check the entry list on website to see if your number is still available)

1st Choice_____ 2nd Choice_____

Payment Method -

Visa____ MC____ Discover____ Check____(make checks out to **4D Promotions**)

Account Number _____

Exp Date _____ CCV (3 digit security code on back)_____

Entry Fee Per Team \$300 _____

Transponder Rental \$10.60 _____

Pit Passes (None Included with Entry) \$18.00 each - Qty _____

Total \$_____

Entry Can be mailed or faxed –

Mail to –
KRA Series – TaG Enduro
2650 West Main Street
Greenfield, IN 46140

Or fax to 317-462-2740

New Castle Motorsports Park * 765.987.8090 phone * www.newcastleraceway.com