COLOMA PATHFINDERS RADAR RUN REGISTRATION FORM

(Please Print)

Event date:				
DRIVER INFORMATION 18 YEARS YES: NO: IF NO -PARENT OR GUARDIAN PERMISSION: Y N				
Last name:		First:		
Address:			Phone:	
Email:				
I WISH TO PARTICIPATE IN THE RADAR RUN. I REALIZE THE DANGERS INVOLVED IN THIS TYPE OF EVENT, I THEREFORE WAIVE ALL RESPONSIBILITY OF THE COLOMA PATHFINDERS IN CASE OF AN ACCIDENT. I ASSUME ALL RESPONSIBILITY AND CONSEQUENCES FOR MY ACTIONS DURING THE EVENT. DRIVER/PARENT/GUARDIAN SIGNATURE.				
SLED AND CLASS INFORMTION				
Make/Model	Class; Stock/Modified or 35= years		Engine CC's	Registration #