

# DRAGRACING 101 Application

To be held at Commerce, GA. May 27-29, 2005

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

YEAR AND MODEL OF BIKE: \_\_\_\_\_

CREDIT CARD (circle one)    VISA                      MASTER CARD                      AMEX

CREDIT CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

If paying by check, make payable to AHDRA

Mail completed application to:            AHDRA  
  Attn: Lisa McHone  
  PO Box 377  
  Tobaccoville, NC 27050

or fax with credit card information to (336) 924-0072