



P.O. Box 2366, Napa Valley, CA 94558, (510) 232-6272, (510) 277-0657 fax

## **Team Declaration Form**

Team Name: \_\_\_\_\_

Driver #1: \_\_\_\_\_ Member# \_\_\_\_\_

Driver #2: \_\_\_\_\_ Member# \_\_\_\_\_

Team Email: \_\_\_\_\_

Team Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Race Class(es) Declaration: \_\_\_\_\_  
(e.g. SM, CMC, HC, PT, etc.)

I am declaring this class for the \_\_\_\_\_ season (year).

By signing and submitting this completed form I formally declare to participate as a team for the race class listed. I also state that neither driver has participated in the first race of the season under the declared race class as per: CCR 22.4.2.

Submitting Signature: \_\_\_\_\_ Date: \_\_\_\_\_

