



CUMBERLAND MOTOR CLUB
Entry & Release for Autoslalom Events



Event Name: _____ Event Date: _____

Car #

Class:

Has this information changed since last Event? YES NO

Did you pre-register for this event? YES NO

CMC Member? YES NO

Novice? YES NO

Valid Driver's License? YES NO State? _____

Car Info

Make: _____ **Model:** _____ **Year:** _____

Driver Info

Name: _____
Not Required for pre-registered Drivers

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____
 Other Club Affiliation: _____

How did you learn about this event?

**In signing this form, I agree to abide by all regulations and decisions of the
 CUMBERLAND MOTOR CLUB, Inc**

Witness my hand and seal. _____ (signature)

In the presence of: Witness: _____ Date: _____

Registration Information

Total Amount Collected: _____ Initials: _____

Cash Check Season Pass Member dues

Car # Car class:

Linked Registrations (same car different driver)

Car # Class Car # Class

Tech Information

Pass Fail Initials: _____

Season Tech (members only)

Work Assigned? Yes No Initials: _____

Linked Registrations (same driver different car)

Car # Class Car # Class