



**High Roller Mile Shootout
Las Vegas, NV September 27, 2008
Entry Application - Cars/Trucks**



Primary Driver – Name: _____
Address: _____
City/State/Zip: _____
D/L #: _____ **State:** _____ **DOB:** _____
Home/Work/Mobile Phone #s: _____
Email address: _____

Up to 2 Alternate Drivers may be added to your entry. If you wish to do this, please fill out the separate Alternate Driver/Rider Form and attach it to this one. An additional fee is required for each Alternate. Alternates will run for “speed only” and do not qualify for awards or trophies. Each and every Driver and Alternate must also fill out and attach a separate Medical Information Form.

Vehicle Year: _____ **Make:** _____ **Model:** _____ **Color:** _____
Body Style: _____ **License #:** _____ **State:** _____
Fuel: Gas or E85 ___ Diesel ___ Other (specify) _____ **Nitrous Oxide?** Yes ___ No ___
 Select ONE class for your entry from this list:
DIVISION: Pure Street Auto Class: 120 ___ 130 ___ 140 ___ 150 ___ 160 ___ 170 ___
Auto B Class: 130 ___ 140 ___ 150 ___ 160 ___ 170 ___
Auto A Class: 180 ___ 190 ___
Auto Unlimited Class: Unlimited _____

(Class selection determines your Speed Limit and the level of Safety Equipment required. Please refer to the Rule Book for help in determining an appropriate class for you.)

INDEX CHALLENGE COMPETITION TARGET SPEED, MPH (optional, select only one):
 105___ 115___ 125___ 135___ 145___ 155___ 165___ 175___ 185___ 195___ 205___ 215___
(Refer to the Rule Book for details about this optional competition. Additional fee required.)

SAFETY EQUIPMENT present in the vehicle: (check all that apply)

OEM Belts Racing Harness Roll Bar Fire Extinguisher Fire System Fuel Cell Roll Cage

I certify that the information above is correct and understand that any misrepresentation is grounds for disqualification from the event and forfeiture of my entry fee. I have read and understand the rules and regulations for this event

(signed) Primary Driver : _____ **Date:** _____

For Information Call, Fax, Write or Email
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