

Team Registration Form

Note: If you have more than one car, please register each team individually.

Company Name: _____

Team Name (if different): _____

Mailing Address: _____

City, ST & ZIP: _____

Team Captain: _____

Team Captain Phone Number: _____

Team Captain Cell Number: _____

Team Captain Email Address: _____

Car number preference: 1st: _____ 2nd: _____ 3rd: _____

Have you raced in the Mini Grand Prix previously? : Yes No

If yes, when was the last year you participated? : _____

Please rate your team on the following criteria. (check one from each)

Experience:

- Previous experience in Mini Grand Prix or equivalent racing
- Little experience in Mini Grand Prix or equivalent racing
- No experience in Mini Grand Prix or equivalent racing

Attitude:

- Highly competitive; places high emphasis on winning.
- Views MGP as charity event; wants to enjoy and would like to win.
- We're only here 'cause our boss said so.

Car Setup:

- Tend to modify car up to or near limit provided by rules.
- Little modifications to car
- No modifications to car; uses basic stock car

Knowledge of Car:

- Very knowledgeable of operation, maintenance and repair of car
- Working knowledge of operation; minimal knowledge of maintenance & repair
- Don't even know how to start the car.

Record:

- Tends to finish in top half of the field
- Tends to finish in the middle of the field
- Tends to finish in the back of the pack

Return forms to EventFund, PO Box 36063, Cincinnati, OH 45236 or Fax to 513-326-2380

Form can also be filled out online: www.minigrandprix.org

