

COBLESKILL FAIR 2018

4 & 6 Cyl Team Derby COBLESKILL, NY

Tuesday August 7th 7:30 P.M.

TOTAL CASH \$2,600.00 PURSE

OFFICIAL DEMOLITION DERBY ENTRY BLANK

(PLEASE PRINT)

CAR# _____

TEAM NAME _____

Captain's Name _____

1ST Place Team \$1800.00

2ND Place Team \$600.00

3RD Place Team \$200.00

AGE _____ DATE OF BIRTH _____
- Month/Day/Year

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

ADDRESS _____

CITY, STATE, and ZIP _____

E-MAIL ADDRESS _____

I HAVE READ THE RULES AND WILL ACCEPT THE DECISION OF THE JUDGES AS FINAL AND ELECT TO USE THE GROUND OR TRACK IN IT'S PRESENT CONDITION.

DATE _____ SIGNATURE _____

PHONE NUMBER _____ CELL # _____

Teams shall consist of 4Cyl and 6Cyl Three Member Team's. The team's will be combination teams consisting of Two Four Cylinder Cars and one Six Cylinder Car OR Two Six Cylinder Cars and One Four Cylinder Car. MAXIMUM WHEEL BASE OF 108" inches and a MINIMUM WHEEL BASE OF 89" inches per Car.

TEAM ENTRY FEE IS \$125.00 PER TEAM Team Fee must accompany Entry when sent in. Additional Two Team Members Info may be added on reverse side. Team member info can be entered day of event if unknown when sent in. Team entry will be limited to eight teams and one alternate team if any team should fail vehicle certification.

Your ENTRY should be received by JULY 1ST After that date entries will be accepted only if Team quota has not been met. You will incur a late penalty of \$50.00 after the JULY 1ST deadline.

MAIL TO: STONEY ROBERTS PROMOTIONS, INC. P.O. BOX 399 Land O' Lakes, FL 34639-0399

www.stoneyroberts.com & www.chemungcountyfair.com

FOR INFORMATION AND DIRECTIONS CALL 1-865-382-1955

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(PLEASE PRINT)

Team Member Name

CIRCLE 4 CYL OR 6 CYL

CAR # _____

AGE _____ DATE OF BIRTH _____
Month/Day/Year

DRIVER'S LICENSE #

EXPIRATION DATE

ADDRESS _____

CITY, STATE, and ZIP

EMAIL ADDRESS _____

DATE _____ SIGNATURE _____

.PHONE NUMBER _____ CELL# _____

Team Member Name

CIRCLE 4 CYL OR 6 CYL

CAR # _____

AGE _____ DATE OF BIRTH _____
Month/Day/Year

DRIVER'S LICENSE #

EXPIRATION DATE

ADDRESS _____

CITY, STATE, and ZIP

EMAIL ADDRESS _____

DATE _____ SIGNATURE _____

.PHONE NUMBER _____ CELL# _____

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