



Contingency Registration Form

Mail or Fax form to:
2312 La Mirada Dr. Vista, CA 92083
fax # 760-597-1376

Race Representative: _____

Company Name: _____

Address:

Street City State Zip

E-Mail: _____

Phone:

Day Phone Evening Phone Cell Phone

Fax: _____

Best Time to Contact: _____

Race Name, Date, and Class:

Race Name Date Class

Comments: _____

Agreement of Terms: Race representative agrees to display 2 Armor Craft decals on rear fender (one on each side) of race vehicle.

Signature

Date