ENTRY BLANK

Event Location: _____ Date_____
City State

Age ____ Member No._____
Club Affiliation _____
Driver (Name, Address)

IN CASE OF EMERGENCY CONTACT: _____
At Race Site? NO If no, where? Phone#

Boat/Driver qualifications for Kilos or Championship Races (As Required by Division Rules)
Date: _____ Location: _____ Other _____

Helmet Mfg. _____ ☐ Open Face ☐ Full Face ☐ Allergy _____
Life Jacket Mfg. _____ ☐ Capsule Jacket ☐ Other

Category	Class	Boat#	Boat Name

Hull Make	Motor Make	Cu. In. Disp

Age ____ Member No._____
Club Affiliation _____
Owner (Name, Address)

This Entry Blank MUST be filled in with ALL DETAILS and filed with the race committee in accordance with APBA General Racing Rules 3, 4, and 5. Owners and Driver must report immediately to Registration upon arrival at race, present current membership card and have entry checked. Drivers failing to do so and starting in race will not be scored. Entry will not be accepted unless properly signed below.

AGREEMENT OF RELEASE

I represent by my signature below that my Agreement of Release is on file with my current membership, and my membership card number is as shown.

I further represent, if I do not possess a current membership card, that I have signed the current Agreement of Release attached with my membership application previously mailed to National Headquarters, or submitted to Registration Officials at the above regatta.

In consideration of their promotional efforts on behalf of the sport, I hereby assign all commercial communication and broadcast rights to the American Power Boat Association and do declare them as my lawful agents and representatives regarding such rights.

I, the undersigned member participating in events sanctioned by APBA, agree that APBA and its assigns may use my name and picture and pictures of my race boat, or any of them, in any way, medium, or material for promoting, advertising, recording or reporting any APBA sanctioned event before, during and after such event and do hereby relinquish all rights hereto for these purposes.

Age ____ Member No._____
Club Affiliation _____
Rider/Co-Driver (Name, Address)

Signed (Driver): _____(LS.) Home Phone _____Email Address:_____

Signed (Owner): _____(LS.) Home Phone _____Email Address:_____

Signed (Rider/Co-Driver): _____(LS.)Email Address:_____

Signed (Parent/Guardian for (Name): _____If under 18: _____Email Address:_____

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