



# 2008 Additional Rider Form (pre-entry)

MAIL COMPLETED FORM TO: BUB Speed Trials  
180 Spring Hill Dr, Grass Valley, CA 95945 USA

OR FAX TO: 1-530-477-7489

## Additional Rider Details:

Type of Entry:  AMA (National/Regular)  FIM (World)  
- CHECK ALL THAT APPLY

Rider's Name: \_\_\_\_\_ Rider's AMA #: \_\_\_\_\_

CITY OF RESIDENCE \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE CONTACT \_\_\_\_\_ EMAIL CONTACT \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**NEW Motorcycle Number** \_\_\_\_\_

## Original Entry Details

Entrant/Team Name: \_\_\_\_\_

Primary Rider's Name: \_\_\_\_\_

Primary Motorcycle: \_\_\_\_\_ CC - \_\_\_\_\_ - \_\_\_\_\_  
MOTORCYCLE NUMBER DISPLACEMENT CLASS FRAME CLASS ENGINE CLASS

## Radio Announcer Information

Personal Best: \_\_\_\_\_ mph

Records Held: \_\_\_\_\_

## Additional Information

**T-shirt Size:**

S  M  L  XL  2XL  3XL

**Entry Fees:**

\$175 AMA \$225 FIM

Payment Method:  Check/Money Order (PLEASE MAKE PAYABLE TO BUB RACING INC.)  
 Charge my VISA/ MASTERCARD/ AMEX/ DISCOVER card: .

\_\_\_\_\_  
CARD HOLDER NAME- PLEASE PRINT

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE

\_\_\_\_\_  
BILLING STREET ADDRESS

\_\_\_\_\_  
BILLING ZIP CODE

Check here to charge card at same time as original entry

Would you like to be notified of future BUB Racing Events? Yes No

## OFFICE USE ONLY:

Date Received \_\_\_\_ - \_\_\_\_ - 2008

\_\_\_ MC # Confirmed

\_\_\_ Conf Receipt

\_\_\_ Fees Processed

CK/MO # \_\_\_\_\_

CC Trans # \_\_\_\_\_

