HOD — Event Registration Form

Event Information

Date: _____   Location / Track: _____

Run Group

❑ A - Novice   ❑ A - Solo   ❑ B - Intermediate   ❑ C - Advanced, Point-By Passing
❑ D - Advanced, Open Passing   ❑ Other (please specify): _____

Billing Information

Last Name: _____   First Name: _____

Address: _____

City: _____   State: _____   ZIP: _____

Home Phone: _____   Work/Cell Phone: _____

Billing Phone (if different): _____

Email Address: _____

Team HOD Member (add $79 if No)? (Y/N) _____   **Event Fee**: _____

Payment (circle): Cash   Check #_____   HOD Credit/Gift Code: _____

VISA MC AMEX DISC   Expiration Date: _____   CCV Code:_____

Name on Card: _____   Card Number: _____

Signature: _____

Car Information

Make: _____   Model: _____

Year: _____   Color: _____

Modifications: _____

Driver Information

Last Name: _____   First Name: _____

Email Address: _____

First event with HOD? (Y/N) _____   Year of birth (yyyy): _____

Emergency Contact Information

Last Name: _____   First Name: _____

Phone: _____   Relationship: _____