DAYTONA 200 ELIGIBILITY QUESTIONNAIRE

If your experience is not with ASRA/CCS, please provide a copy of current Expert card(s) with completed questionnaire.

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Daytime Telephone:_____ Email:_____

Number of years Expert road racing experience : _____ Make, Model and Displacement of

Equipment Used:_____

The certifying organization must certify the DAYTONA 200 QUALIFYING RECORD OF EXPERT RESULTS on the reverse side of this form and sign below:

Certifying Organization Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Daytime Telephone:_____ Email:_____

Signature: _____Title:_____ Date_____

Printed Name : _____ Phone # _____

Should you have any questions, please email info@asraracing.com. Once this form has been completed, please return it along with a completed Entry form via email (info@asraracing.com), fax it to 817-246-2977 or mail it to ASRA – PO Box 151738 - Ft Worth TX 76108

DAYTONA 200 QUALIFYING RECORD OF EXPERT RESULTS

Date	Host Organization	Track	Class	Make / Model / Displacement	Finishing Position	Points Earned