

**Registration Form**  
**17<sup>th</sup> Annual Locust Fork Invitational**  
**February 2<sup>nd</sup>, 2008**

Presented by

*Locust Fork Racing & Friends of the Locust Fork River*

Complete the racer information below. Make sure to include a valid and current ACA member number. Proof of membership will be required on Race Day, bring your ACA Membership Card or pay the fee!

Name:		
Address:		
City:	State:	Zip Code:
Birth Date:	Age:	Gender:
Phone:	Email:	
ACA#:	Expires:	Club:

**Classes offered are listed below. Each racer may participate in up to three classes.** Classes with fewer than three entries will not make. Racers in classes that do not make will be put into another class or given a refund. No Saturday morning changes will be made.

Championship		Cruising		Novice	
K1 Men	OC1 Short	K1 Men	OC1 Men	K1 Men	OC1 Men
K1 Women	OC1 Medium	K1 Women	OC1 Women	K1 Women	OC1 Women
K1 Junior	OC1 Women	K1 Junior	OC2 Men	K1 Junior	OC2 Men
K1 JR Women	OC2 Men	K1 Cadet	OC2 Mixed	K1 Cadet	OC2 Mixed
K1 Masters	OC2 Mixed	K1 Masters	OC2 Jr/Sr		
C1 Men & Jr	OC2 Women	C1 Men			
C2 Men	OC2 Jr/Sr				

Registration & ACA forms with payment must be received by Jan 31<sup>st</sup> to avoid paying late registration fees. Failure to complete registration will result in late fees at race. Tandem classes require both racers to register. To complete registration 1) Complete & sign this form 2) Complete & sign ACA Waiver 3) Enclose Payment  
Registration will be open from 6:00 to 9:00 PM Friday night. No entry forms will be accepted or any changes made after registration closes. This policy will be strictly adhered to, NO EXCEPTIONS!!! So Register Early

	(If received by Jan 31 <sup>st</sup> )	(On or After Feb 1 <sup>st</sup> )
Entry Fees:	First Class \$15.00	\$20.00
	Each additional \$ 8.00	\$10.00

Write each class you wish to enter, circle appropriate flight, where appropriate write partner's name and enter the fee

CLASS	CIRCLE ONE PER CLASS	PARTNER (IF APPLICABLE)	FEE
	Champ Cruising Novice		
	Champ Cruising Novice		
	Champ Cruising Novice		
Valid ACA Member Number listed above or include \$10 for Event Membership			
Make Checks Payable to: Locust Fork Racing		TOTAL	

Remember>> Complete the ACA Waiver included in this package and return this form with payment<<

**Mail to:** Friends of the Locust Fork River P.O. Box 245 Hayden, AL 35079 Email: [vicky@flfr.org](mailto:vicky@flfr.org)

I, the undersigned, hereby waive, release, and willingly discharge any and all claims that I may have against any race participant, property owner, sponsor, Locust Fork Racing, the Friends of the Locust Fork River and/or anyone in connection with this event. I also agree to hold harmless from liability any of the above.

Participant Signature

Parent or Guardian Signature/Relationship  
if participant is under 18 years of age

Date