2013 Membership Form

Before January 1st, 2013- $425.00 for (2) discounted passes and (2) FREE passes
After January 1st, 2013- $500.00 for (2) discounted passes and (2) FREE passes

N**ote: Discounted passes may vary at some events.**

Name:_____

Address:_____

City:_____ State:_____Zip:_____

Home Phone #:_____ Cell Phone #:_____

Payment Instructions:

Check:

Mail this form and check to All Star Championship Racing, 215 West Main Street, Camargo, IL 61919. (Make checks payable to All Star Championship Racing)

Credit Card:

Mail this form and the credit card authorization form to All Star Championship Racing 215 West Main Street Camargo, IL 61919.

Or

Fax this form and the credit card authorization form 217-832-2007.

NOTICE:

All membership credentials are listed at the pit check in window at each track. The All Stars will provide a list of names at each event. You must show ID for verification. Members are prohibited from selling race fuel, tires, and racing parts at any All Star event. Membership is necessary to participate in points fund and contingency programs. Driver and owner points are kept separately. No points are awarded until a membership has been purchased. All members must adhere to the All Star rules set forth in the Official All Star Rule Book.

All Star Championship Racing, Inc.

215 W. Main St.
Camargo, IL 61919
217-253-8100

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize All Star Championship Racing to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize All Star Championship Racing, Inc. to charge my credit card

(full name) account indicated below for _____ on or after _____.

This payment is for purchasing a season membership card to All Star Championship Racing.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type (Please Circle): Visa MasterCard AMEX Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: _____ Date: _____