



PO BOX 759 - ANTIOCH, IL 60002
1-847-395-1100 www.tagracing.net

2010 SERIES CERTIFICATION APPLICATION

Name / Series or Event: _____

Contact / Promoter: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Fax: _____ E-Mail: _____

<p>Insurance Provider</p> <p>Name: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Sanctioning body affiliation:</p> <p>_____ IKF _____ WKA _____ KART</p> <p>_____ CIK _____ SKUSA</p> <p>_____ TAG USA (only)</p> <p>_____ Other: _____</p> <p>Classes provided:</p> <p>Cadet _____ Junior _____ Senior _____</p> <p>Masters _____ Endurance _____</p> <p>Any other classes: _____</p>	<p>Series Event Information:</p> <p>1. Date: _____</p> <p>Circuit: _____</p> <p>Location: _____</p> <p>2. Date: _____</p> <p>Circuit: _____</p> <p>Location: _____</p> <p>3. Date: _____</p> <p>Circuit: _____</p> <p>Location: _____</p> <p>4. Date: _____</p> <p>Circuit: _____</p> <p>Location: _____</p> <p>5. Date: _____</p> <p>Circuit: _____</p> <p>Location: _____</p>
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Once your series or event has been accepted your schedule will be placed on the TAG™ RACING website www.tagracing.net as a qualifying series for the “**2010 TAG World Championships**”. Specifically the top Ten TAG™USA racing members in each TAG™ class will qualify to participate in the TAG World Championships. The annual fee for certification is **\$0.00 all we ask is that you help encourage your racers to join TAG Racing Int. / TAG™USA**. TAG™ race results should be submitted after each event. Results will be available on the TAG website. If you submit short written articles with results and Photos we can have them printed in our official Publication, “**National Kart News**”.

TAG™ USA / TAG™ Racing International recognizes **Rotax Class** as a Qualifying TAG™ class.

By signing this application I agree to abide by the rules and regulations of TAG™ Racing International, it’s officers, officials and all assigned personnel from local to the national level.

For Official Use Only:

Date Received: _____ National # _____ Fee Paid: _____