



NCMP is 45 minutes East of Downtown Indianapolis on I-70 and State Road 3. Take I-70 to Exit 123 (New Castle), turn South on State Road 3 (SR3) and go South. ¼ mile South of the Flying J, turn left onto gravel road and follow ¼ mile to NCMP gate.

Raintree Inn 800-521-0015

Garden INN 765-529-0345

Steve Alford All American Inn 765-593 1212

Friday, October 1, 2010	Saturday, October 2, 2010	Sunday, October 3, 2010
<p>OPEN PRACTICE Practice: 9:00 am to 5:00 pm (approx.) Practice Fee Required Must be Entered in a class to practice Pre Entry / Registration at track from 8am to 4pm</p>	<p>Gates open at 7:00 am Registration at track from 7:30 am to 4 pm Drivers Meeting Prior to practice Practice by Groups: 8:30 am to 10:30 am Qualifying: 11 am / Heat Race 1: 12:30 pm Saturday Night Social Hr 6 pm @ Track</p>	<p>Gates open at 7:00 am Registration at track from 7:30 am to 2 pm Drivers Meeting Prior to practice Practice by Groups: 8:30 am to 10:30 am Driver Introductions: 11:00 Pre Final Races start: 12:00 pm</p>

Mail Completed Voucher to:

TAG™ Racing International ♦ PO Box 759 ♦ Antioch, IL 60002

TAG™ Racing International and its organization(s) reserve the right to refuse any and all entries at any series event.

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TAG™ WORLD Championship PIT SPOT RESERVATION FORM

NAME _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP + 4 _____

Pit spaces are for Friday, Saturday and Sunday. Pit spots are 60' x 15' for \$50 per spot 40' x 15' track side spots for \$50 per spot. If you are making reservations for multiple driver / teams please send one form for the group
 Separate accommodations will be made for support vehicles and Rental cars
 TAG Racing Int. will have first right of refusal for Reservable spots any remaining Available spots will be first come first serve basis

Pit Spot Size	Cost			# of Spots	Total
40' x 15'	\$50.00	X	Track Side --A	X	=
60' x 15'	\$50.00	X	Pit Lane-A-B+C	X	=
60' x 15' RV	Call Track	X	Pit Lane--C + D	X	

For those requiring tents and/or electric please contact Mike Adams at (765) 987-8090.

CASH CHECK # _____

VISA / MC / DISC / AmEx# _____ EXP: _____ CVV2 Code: _____

Card Holders Name: _____ Signature: _____

(PLEASE PRINT CLEARLY)

TOTAL AMOUNT ENCLOSED \$ _____