

“NEVADA TROPHY 2009”

Vehicle Registration

The “OFF-ROAD EXPERIENCE” 190 Airway Blvd., Livermore, CA. 94551. 925-606-8301

VEHICLE...

Make: _____ **Model:** _____

VIN#: _____ **Mileage:** _____

Year: _____ **Color:** _____

Engine: _____ **Gearbox:** _____

Fuel Capacity: _____ **gallons** **Range:** _____

Accessories Fitted & Modifications (list all below – Please Print)

VEHICLE OWNER...

Name: _____

Address: _____

City: _____ **State/Zip:** _____

Phone: _____ **Phone:** _____

Insurance Co: _____ **Policy #:** _____

Lic #: _____ **State:** _____

Signature of Vehicle Owner: _____ **Dated:** _____

Driver: _____ **Co-Driver:** _____

Dri Lic #: _____ **Co-Dri Lic #:** _____

NOTE: Entrant & Vehicle Owner are subject to “NVTR” Rules, present or not. Please Read.

All Vehicles are subject to Tech Inspection before been allowed to participate.

Team Name: _____

Sponsor(s): _____