RACE CREDIT REQUEST FORM

SANDIA MOTORCYCLE ROADRACING, INC
SMRI
WWW.SMRI-RACING.ORG

Instructions:

- Use one form per each race weekend
- Complete ALL fields

- Turn in form to an SMRI Official
- Mail to: **SMRI**
  P.O. Box 11806
  Albuquerque, NM 87192
- Fax to : ***505-275-5978***

RACER INFORMATION:

NAME:	**RACE DATE:**
ADDRESS:	**RACE NUMBER:**
CITY/STATE/ZIP:	**PHONE NUMBER:**

RACE CREDIT INFORMATION:

Race Class Entered:	Did You Start this race?	Reason for requesting Credit ?

FOR OFFICIAL USE ONLY:

Request Granted **Request Denied**

SMRI Official: **Date**