

Beaver State Can Chasers

APPROVAL FORM

Race Name: _____ Double Header ☐ yes ☐ no

Location: _____

Race Date(s): _____

Race Time(s): _____

Added Purse: _____ Awards: _____

Entry Fees: Open _____

Office Charge: _____ BSCC: \$5.00

Entries Open: (Date) _____ (Time) _____

Entries Close: (Date) _____ (Time) _____

Awards: _____

Other Information: _____

Directions if needed: _____

Committee: _____ Phone: _____

Address: _____

_____ E-mail: _____

Additional Comments: _____

As a producer of BSCC you agree to send in the \$5 fee per rider that goes back to our finals pot at the end of the year. Results will also be e-mailed directly to beaverstatecanchasers@gmail.com. Results should be e-mailed within two days of the event and all monies with a recap sheet need to be into our office within ten days or there will be a \$50 fine. Thank you!

Producer Signature _____

Mail to: BSCC
P.O. Box 640
Junction City, OR 97448