ISOC Racer Payout Form

PO Box 167, 6600 Jansen Ave., Albertville, MN 55301
Phone: 763-497-8474 / Fax: 763-497-2922 / www.isocracing.com

Use this form **ONLY** if you want checks sent to an address different than the one on your membership.

Bib #: **Member #:** **DOB:**

First Name: **Last Name:**

Day Phone: **Eve Phone:**

PLEASE COMPLETE ONE OF THE FOLLOWING OPTIONS:

1. Please write and send all checks to **me**, the driver, at the following address:

Address:

City:

State/Prov: **Zip:** **Country:**

Email:

2. Please write and send all checks to my **Team Manager** at the following address:

Team Name:

First Name:

Last Name:

Address:

City:

State/Prov: **Zip:** **Country:**

Email:

I AUTHORIZE ISOC TO SEND ALL RACER PAYOUT CHECKS AS DIRECTED ABOVE

Driver - Print Name Date Team Manager - Print Name

Driver - Signature Date Team Manager - Signature

Revised 9/24/2009