

LICENSE NUMBER

**APPLICATION FOR  
COMPETITION LICENSE**



(Assigned by SATCAR®)

**(Please Print Or Type)**

5N775 Campton Ridge, St. Charles, IL 60175 (630) 232-6063

<http://www.satcarracing.com/>

E-Mail: [kern@satcarracing.com](mailto:kern@satcarracing.com)

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

TELEPHONE(S)

ADDRESS \_\_\_\_\_

HOME \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WORK \_\_\_\_\_

COUNTRY \_\_\_\_\_

CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

FAX \_\_\_\_\_

SATCAR Membership Number \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_

TELEPHONE(S)

ADDRESS \_\_\_\_\_

HOME \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

FAX \_\_\_\_\_

LICENSE FEE - \$25.00 Per Year NEW ( ) RENEWAL ( )

**METHOD OF PAYMENTS:**

Paypal payments please use [online application](#) and/or transfer to account name: klfischer-satcar.msn.com

Credit Card  
(Visa or MasterCard)

Credit Card# \_\_\_\_\_

**PLEASE SEND OR FAX CREDIT CARD  
PAYMENTS TO:**

Expiration Date \_\_\_\_\_

Type of Card \_\_\_\_\_

Signature \_\_\_\_\_

**SATCAR  
5N775 Campton Ridge  
St. Charles, IL 60175  
(630) 232-6063**

**PLEASE SEND CHECK OR MONEY ORDER TO THE  
ABOVE ADDRESS**

Check or Money Order

Automatic Renewal - By checking Yes, your membership will be automatically renewed and charged to your credit card every year on the anniversary of your first application. If you choose to cancel the automatic renewal option, you can do so by E-mail, regular mail, or by telephone.

Yes ( ) No ( )

