



SUPER PULL REGISTRATION FORM

1 Registration Form Only Per Unit Entered

NAME: _____

PHONE #: _____

ADDRESS: _____

POSTAL CODE: _____

E-MAIL: _____

NAME OF UNIT: _____

TEAM: _____

CLASS: _____

OWNER: _____

DRIVER: _____

HOMETOWN: _____

PERSONAL INFORMATION (How you got into sport; How long; etc.)

ACCOMPLISHMENTS (Past winnings; Championships; etc.)

ENGINE(S): _____

TRANSMISSION: _____

DIFFERENTIAL: _____

TIRES: _____

SPONSORS: _____

(Please use the back of this form if more room is needed)