



DIECAST RACING ENTRY FORM

NAME OF RACE EVENT:

YOUR NAME:

EMAIL ADDRESS:

DRIVER NAME:

REDLINE DERBY USER NAME:

DO YOU WANT YOUR CAR RETURNED?

YES NO. I WANT MY CAR TO BECOME AN OFFICIAL TTC TEST CAR

RETURN MAILING ADDRESS:

RACE TEAM NAME (OPTIONAL):

LIST OF CARS (MAKE/MODEL/COLOR):

EXTRA ITEMS INCLUDED (CASES, CARS, ETC):



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