



2017 SNOWMOBILE RACE APPLICATION

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DEADLINE: MAY 13, 2016

PLEASE PRINT CLEARLY (APPLICATIONS NOT CLEARLY PRINTED, WILL BE DISCARDED)

RIDER INFORMATION

FIRST NAME:		LAST NAME:		M.I.:
AGE :	STREET / P.O. BOX:		CITY:	
STATE / PROV:	ZIP / POSTAL CODE:	EMAIL:		
PHONE NUMBER (HOME):		PHONE NUMBER (WORK):		

(IF UNDER THE AGE OF 18, PARENT/GUARDIAN MUST SIGN BELOW)

PLEASE INDICATE THE QUANTITY

<u>QTY</u>	<u>MODEL</u>	<u>DESCRIPTION</u>
___	BMHA	MXZ X 600RS (Sno X)
___	N/A	600RS OPEN MOD kit* Part number: 486 017 001
___	MYHB	MXZ-XRS 600 E-TEC IRON DOG (X-Country) BK/BK
___	VCHA	Freeride 154 800 R E-TEC
___	CCHA	Summit SP 154 600 HO E-TEC

***600 RS OPEN MOD kit (MY 2017 Chassis)**

- Twin Tuned Exhaust system including muffler and all hardware;
- Calibrated ECM;
- Cylinder head (1) with combustion chamber (2); **CR 17@1**
- Calibration parts (carburetion and appropriate clutch parts);
- Intake air box (racing);
- Chassis supports;
- Legal "ISR" belt guard;
- Light weight hood with primary air intake.

NOTE: 600RS PERFORMANCE LIMITING KITS: (JUNIOR, NOVICE, TRANSITION CLASSES)
INFORMATION WILL BE SENT TO THOSE WHO INDICATE THOSE CLASSES ON THE BACK OF THIS FORM

Questions? Contact Tom Lawrence at 920 370 7383, or email: tom.lawrence@brp.com



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TYPE OF RACING

- OVAL
- SNO X
- X COUNTRY
- DRAG
- ENDURO
- HILLCLIMB
- OTHER_____

RACE CIRCUIT(S) YOU PLAN TO COMPETE

- ISOC NATIONAL
- ISOC REGIONAL
- ECS
- CSRA
- SCMX
- GNSS
- RMRXC
- USXC
- COR POWER
- USSA
- ORA
- NO BULL
- RMSHA
- NSRA
- OTHER_____

RACING CLASS

- PRO
- PRO LITE
- SEMI PRO
- SPORT
- SPORT LITE
- WOMENS
- MASTERS
- PRO + (AGE)
- JUNIOR
- JUNIOR NOVICE
- TRANSITION
- AMATUER
- OTHER_____

CURRENT BRAND

- SKI DOO
- POLARIS
- ARCTIC CAT
- YAMAHA
- OTHER_____

DIVISION

- STOCK
- IMPROVED STOCK
- MODIFIED
- OPEN
- OTHER_____

RACING EXPERIENCE

- BEGINNER
- 1 – 4 YEARS
- 5 – 9 YEARS
- 10 – 14 YEARS
- 15 – 20 YEARS
- MORE THAN 20

GOALS FOR 2017

- 1ST PLACE FINISH
- SEASON CHAMPION
- TOP 5 IN CLASS
- TOP 10 IN CLASS
- ALL THE ABOVE

RACER SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN: _____

DATE: _____

APPLICATIONS WITHOUT DEALER SIGNATURE WILL NOT BE ACCEPTED.

TO BE COMPLETED BY DEALER

DEALERSHIP NAME:		DEALER #:
PHONE:	FAX:	EMAIL:
CONTACT PERSON:		
DEALER PRIMARY SIGNATURE:		DATE:

DEALER: PLEASE MAKE COPIES TO KEEP FOR YOUR RECORDS. IF APPLICANT IS SUCCESFULL, YOU WILL BE NOTIFIED VIA EMAIL WITH FURTHER INSTRUCTIONS. THIS IS AN APPLICATION FOR RACE EQUIPMENT, NOT AN ORDER. NO DEPOSIT IS REQUIRED AT THIS TIME.