



# Class Advancement Approval Fo

6600 Jansen Ave. NE, PO Box 167, Albertville, MN 55301

Phone: 763-497-8474 Toll Free: 866-771-4762 (ISOC) Fax: 763-497-2922

Before you can move up a class, you must be approved by ISOC. You MUST sign up for the event BEFORE you send in this form. ISOC will evaluate your performance at the event you have indicated below. Please complete this form and mail or fax to ISOC Headquarters by the **TUESDAY BEFORE** the event. You cannot request a class advancement evaluation at an event, this form **MUST be on file at ISOC Headquarters prior to the event.**

**Bib #:** \_\_\_\_\_ **Member #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Day Phone:** \_\_\_\_\_ **Eve Phone:** \_\_\_\_\_  
**Sled Brand:** \_\_\_\_\_

**ISOC Officials will be identifying you based on the above information. If your bib number and/or sled brand do not match the above information, ISOC will not be able to approve you. You will be notified if you qualify to move up to the class you designate below. You will be notified the week following the race in which you were evaluated, not at the track. PLEASE DO NOT call the ISOC office, we will contact you. Thank you.**

I would like to be evaluated to move up from:  
 **Pro Lite to Pro** **Attention Junior 10 - 13 Drivers:** Due to insurance requirements, you must be 14 years of age to advance to the Junior 14 - 15 class.  
 **Sport to Pro Lite**  
 **Junior 16 - 17 to Sport/Lite**  
 **Junior 14 - 15 to Sport/Lite**  
 **Junior 14 - 15 to Junior 16 - 17**

Please observe me at the following race:  
 **National Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Class:** \_\_\_\_\_  
 **Regional Circuit:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**ISOC Headquarters must receive this form by the TUESDAY before the designated event.**

### OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

**Official Name:** \_\_\_\_\_ **Pro Name:** \_\_\_\_\_  
**Approved:**  YES  NO **Approved:**  YES  NO  
**If no, explain:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Driver - Print Name

\_\_\_\_\_  
Driver - Signature Date

\_\_\_\_\_  
Parent / Legal Guardian\* - Print Name

\_\_\_\_\_  
Parent / Legal Guardian\* - Signature Date

\*Required if applicant is under the age of 18