



### ISOC Racer Payout Form

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

Phone: 763-497-8474 / Fax: 763-497-2922 / www.isocracing.com

Use this form **ONLY** if you want checks sent to an address different than the one on your membership.

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

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Even Phone:** \_\_\_\_\_

**PLEASE COMPLETE ONE OF THE FOLLOWING OPTIONS:**

1. Please write and send all checks to **me**, the driver, at the following address:

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Prov:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email:** \_\_\_\_\_

2. Please write and send all checks to my **Team Manager** at the following address:

**Team Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Prov:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I AUTHORIZE ISOC TO SEND ALL RACER PAYOUT CHECKS AS DIRECTED ABOVE**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Manager - Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Manager - Signature