



# 2017 ENTRANT CHANGE REQUEST FORM

THE APPLICANT MUST HAVE A VALID 2017 IMSA ENTRANT MEMBERSHIP/LICENSE

Please type or print legibly and complete all of the requested information.

Entrant Name: \_\_\_\_\_

Company/Team Affiliation: \_\_\_\_\_

IMSA Entrant License/Membership #: \_\_\_\_\_

### IMSA OFFICE USE ONLY

Date Received \_\_\_\_\_

Payment Type \_\_\_\_\_

Amount \_\_\_\_\_

Check #/Approval Code \_\_\_\_\_

### IMSA SERIES (check Series that apply)

- IMSA WEATHERTECH SPORTSCAR CHAMPIONSHIP
- IMSA CONTINENTAL TIRE SPORTSCAR CHALLENGE
- IMSA PROTOTYPE CHALLENGE PRESENTED BY MAZDA
- PORSCHE GT3 CUP CHALLENGE USA BY YOKOHAMA
- ULTRA 94 PORSCHE GT3 CUP CHALLENGE CANADA BY YOKOHAMA

### REQUEST TO CHANGE (check all that apply)

#### Request to change Competition Number

Administrative Fee: \$500 (only if request is accepted)

Current Car Number: \_\_\_\_\_

Requested Car Number: \_\_\_\_\_

*\*If approved, Entrant's championship points will be transferred to the new car number, unless otherwise stated within: Approved, subject to additional stipulations*

#### IMSA OFFICE USE ONLY

- Approved  Rejected
- Approved, subject to additional stipulations
- By: \_\_\_\_\_

#### Request to change Team Name

Administrative Fee: \$500 (only if request is accepted)

Current Team Name: \_\_\_\_\_

Requested Team Name: \_\_\_\_\_

*\*If approved, the Entrant's obligations under the Entrant Membership/License Application & Agreement will not change and Entrant's championship points will stay with the car number, unless otherwise stated within: Approved, subject to additional stipulations*

#### IMSA OFFICE USE ONLY

- Approved  Rejected
- Approved, subject to additional stipulations
- By: \_\_\_\_\_

#### Request/Notice of Entrant Ownership Change

Administrative Fee: \$0

(Subject to Section 3.8.4 of the IMSA Sporting Regulations & Series Supplementary Regulations) –

Attach document for additional space

*\*If approved, Entrant's championship points will stay with the car number, unless otherwise stated within: Approved, subject to additional stipulations*

#### IMSA OFFICE USE ONLY

- Approved  Rejected
- Approved, subject to additional stipulations
- By: \_\_\_\_\_

Current Entrant Entity Structure:

| NAME  | TITLE | OWNERSHIP INTEREST |
|-------|-------|--------------------|
| _____ | _____ | _____              |
| _____ | _____ | _____              |

New Entrant Entity Structure:

| NAME  | TITLE | OWNERSHIP INTEREST |
|-------|-------|--------------------|
| _____ | _____ | _____              |
| _____ | _____ | _____              |

#### Request for Entrant Agreement (Entry) Transfer

Administrative Fee: \$500 non-refundable

(Subject to Section 3.8.5 of the IMSA Sporting Regulations & Series Supplementary Regulations)

Current Entrant: \_\_\_\_\_

Requested Entrant: \_\_\_\_\_

*\*An Entrant Membership/License Application & Agreement must be on file for the new Entrant or submitted with this Request.*

*\*An Entrant Agreement for the entry being transferred must be executed by the new Entrant and submitted with this Request.*

*\*Pursuant to Section 3.8.5 of the IMSA Sporting Regulations & Series Supplementary Regulations, if IMSA determines in its sole discretion that the requested change, if approved, constitutes a material change, Entrant shall be required to pay an additional \$15,000 administrative fee.*

#### IMSA OFFICE USE ONLY

- Approved  Rejected
- Approved, subject to additional stipulations
- By: \_\_\_\_\_

This Request Form with any additional documentation required for the Request must be completed and sent to the appropriate Series Manager no later than 15 business days prior to the Event in which this change may apply. This Request Form in no way changes or modifies IMSA's rights as outlined in the IMSA RULES.

I understand that the receipt of this Request and accompanying Administrative Fee(s) by IMSA, and/or the depositing of accompanying funds by IMSA, does not constitute approval of the request, and that all requests must be approved by IMSA Headquarters in writing. I warrant that all of the information provided herein is true and accurate.

ENTRANT'S LEGAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ I have included a check for the Administrative Fee(s) with this Request From (made payable to: IMSA)

\_\_\_\_\_ Please charge the Administrative Fee(s) to the credit card I have on file

\_\_\_\_\_ I would like to pay by a credit card that is not on file with IMSA (contact Cathy Spano at 386-310-6578 or cspano@imsa.com)