

# 2018 Barber Cup Race Application

The 2nd Annual AHRMA Barber Cup (formerly the Formula Thunder Pro Challenge) will take place on October 6, 2018, during the 14th Annual Barber Vintage Festival in Birmingham, AL. Sponsored by Palmetto State Armory, Luke's Racecraft, Moto Corse Performance and Team Orthopedics, the race features a cash purse of over \$18,000 for the top five finishers, with \$8000 going to the winner.

This 10-lap special race is open to 20 competitors and will take place at 12:30pm on Saturday, immediately after the lunch break. A 20-minute qualifying session will run after practice on Thursday or Friday (depending on weather conditions). The top 20 will qualify for the show; positions 21 and 22 will be alternates. No track time will be taken from AHRMA's roadrace program.

## First place purse \$8,000 • Payout to fifth place

A qualified racer will:

1. Be a licensed AHRMA competitor
2. Be in compliance with the AHRMA Barber Racer Requirements
3. Take part in Thursday or Friday practice
4. Be entered in the regular Formula Thunder race on Saturday
5. Be capable of running in the front part of the field in an AHRMA Formula Thunder race (based on lap times)

- Eligible riders will be notified by email on September 26
- For equipment rules, see the AHRMA Handbook, and specific Sections 9.8 and 10.17.

## Entry fee for the Formula Thunder Pro Challenge - \$200

Please include entry fee with application (credit card details, or check); payment will not be processed until a rider's application is approved. 30 applicants will be accepted for the qualifying session.

Applications must be received no later than September 15, 2018. No online entries are accepted for this event.

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

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

City, State, ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AHRMA Membership # \_\_\_\_\_ Transponder # \_\_\_\_\_ Type of Motorcycle: \_\_\_\_\_

Racing Experience: \_\_\_\_\_

Personal Medical Insurance  
Company & Policy #:

\_\_\_\_\_  
Sponsors: \_\_\_\_\_

## READ THIS RELEASE

**RELEASE:** I hereby release and agree to hold harmless AHRMA, the promoters, the owners and lessees of the premises, the participants, sponsors, and the officers, directors, officials, representatives, agents and employees of all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in the event, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

**I have no known PHYSICAL PROBLEMS that will endanger me or others while participating in this event.**

**HELMET STANDARD: SNELL M2010 IS REQUIRED**

**AGREEMENT:** By my signature below, I hereby agree to the terms of the above release, guarantee credit card payment and further agree to abide by the AHRMA Handbook and any special regulations during the event.

\_\_\_\_\_  
(RIDER SIGNATURE)

**TRANSPONDER REQUIRED!** To rent a transponder from AHRMA, complete a reservation form (online at [http://www.ahrma.org/ahrma\\_pdfs/Z-2018/Forms/18\\_TransponderRentalForm.pdf](http://www.ahrma.org/ahrma_pdfs/Z-2018/Forms/18_TransponderRentalForm.pdf))

**Event information:** [www.ahrma.org](http://www.ahrma.org)

**AHRMA Membership information:** [ccowell@ahrma.org](mailto:ccowell@ahrma.org) or 910.253.9738



**Send completed entry form to:**  
**AHRMA, 2375 Midway Road SE,**  
**Bolivia, NC 28422**

**Fax form to: 910.253.8313 or**  
**email completed form to: [ccowell@ahrma.org](mailto:ccowell@ahrma.org)**

MC/Visa/  
Disc/AmEx: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
ZIP Code: \_\_\_\_\_

