



2007 OFFICIAL GLASMC COMPETITION FORM
 London, Ontario, Canada
 September 20 - 23, 2007
 (Please legibly PRINT all information)

SHRINE CENTER NAME: _____
 UNIT NAME: _____ HEAD OF UNIT: _____
 TITLE (Check One): ___ Commander ___ Director ___ Captain ___ Other (List) _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
 CELL: _____ E-MAIL ADDR: _____
 GUEST AT WHICH HOTEL: _____ Equipment Trade Name: _____

CLASSIFICATION: (Please check one)

2-WHEEL

MULTI-WHEEL

- () Mini & Sub-Mini () 1200 cc & over
 () 0 - 360 cc () Unclassified
 () 361-1200 cc

- () 0 - 5000 lbs.
 () 501 lbs. & over
 () Unclassified

UNIT ENTRY: (Please mark 'YES' or 'NO')

Minimum of 4 riders for Inspection, Drill & Parade Competition
 Minimum of 2 riders for Obstacle Course & Slow Ride

INSPECTION: _____ NO. OF RIDERS: _____ ** (2-WHEEL ONLY) **
 DRILL: _____ NO. OF RIDERS: _____ SLOW RIDE: _____
 OBSTACLE COURSE: _____ NO. OF RIDERS: _____ NO. OF RIDERS: _____
 PARADE: _____ NO. OF RIDERS: _____

** PLEASE NOTE: (Only one (1) Competition form is required per Unit classification)

Entry form must be completed & returned NO LATER THAN: September 13th, 2007-08-09

(Postmark will determine the competition order)

~~~~ SPECIAL EVENTS AT MOCHA SHRINE CENTER ~~~~

FRIDAY NITE FISH FRY: NUMBER ATTENDING \_\_\_\_\_ X \$15 = \_\_\_\_\_ CHECK #: \_\_\_\_\_

SAT. AWARDS BANQUET: NUMBER ATTENDING \_\_\_\_\_ X \$15 = \_\_\_\_\_ CHECK #: \_\_\_\_\_

\*\* CHECKS SHOULD BE MADE PAYABLE TO: "GLASMC"

RETURN THIS FORM COMPLETED ALONG WITH YOUR CHECKS TO: "GLASMC"

C/O DON MARQUARDT 811 S. I-OKA AVENUE MT. PROSPECT, IL 60065

ANY QUESTIONS ?? CONTACT DON AT: HM: 847-590-5895 CELL: 312-520-6355 gunnar330@netzero.net