



2010 DRAG RACE CLINIC

NAME:

ADDRESS:

TELEPHONE NUMBER(s):

(Home)

(Cell)

(other)

E-MAIL ADDRESS:

**DO YOU CURRENTLY HAVE A CAR THAT YOU COULD
USE FOR DRAG RACING INSTRUCTIONS?**

YES _____

NO _____

Contact Grant Pozernick for more info or send forms to:

Ph: 738-4968

Fax: 582-2423

Email: grant@kochstainless.com