

SPONSORSHIP APPLICATION

Please type or clearly print the information requested below. Make sure the information provided is as complete and accurate as possible. Incomplete applications, will not be considered.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____ Country: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Team Name: _____ Type Of Racing: ATV Snowmobile Motocross

Class: _____ Series: _____ Ranking: _____ Number: _____

Make: _____ Model: _____ Year: _____

A-Arm: _____ Swing Arm: _____

Current Sponsors: _____

What do you hope to accomplish this season? _____

Why should we choose you? _____

How will you help promote Custom Axis Racing Shocks? _____

By signing below, I declare that all of the above information is true and accurate.

Print Name: _____

Signature: _____ Date: _____