

 $www. \\ \hline millemiglian or that merica.com$

Tel. 805.884.9977 info@stratusmotorsports.com

2011 Mille Miglia North America Tribute Vehicle Entry Application

Entry Vehicle Information

I		I	
Year	Make	Model	
I			
Vehicle Identif	ication Number (VIN)		

Please attach:

- A separate page detailing significant info about the vehicle
- Three photos showing the front, side, and rear of the vehicle

Owner Information

		<u> </u>			
Last Name		First Name			
			I		
Profession			Shirt Size		
Street Address					
	I	I			
City	State	Zip	Country		
		I			
Home Phone		Work Phone			
Cell Phone		Emergency Contact Phone			
Email					
		I			
Club Affiliation		Team Affiliation			











Licensee of



Stratus Media Group, Inc. 3 E De La Guerra st. Santa Barbara, CA 93101 Tel. 805.884.9977 Fax 805.884.9972 www.stratusmediagroup.com



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Driver Info

[] Same as owner					
I		1			
Last Name		First Name			
1			1		
Profession			Shirt Size		
I					
Street Address					
I	1	1	I		
City	State	Zip	Country		
I		1			
Home Phone		Work Phone			
<u> </u>		I			
Cell Phone		Emergency Contact Phone			
1					
Email					
1		1			
Club Affiliation		Team Affiliation			
<u> </u>					
CSAI or ASN License					
I		I	I		
Driver's License Number		State/Country	Expiration Date		



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Co-driver Info

[] Will Alternate With	Driver		
		<u> </u>	
Last Name		First Name	
Profession			Shirt Size
Street Address			
	<u> </u>	<u> </u>	<u> </u>
City	State	Zip	Country
		<u> </u>	
Home Phone		Work Phone	
C II N		<u> </u>	
Cell Phone		Emergency Contact Pho	one
Email			
Elliali			
		I	
Club Affiliation		Team Affiliation	
Cido / Himadon		Tourn Tillinucion	
CSAI or ASN License			
Driver's License Number		State/Country	Expiration Date



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Driver & Co-driver Accommodations

[] One double-occupancy room (standard)	
[] Two single-occupancy rooms (ADD \$2045.00)	
Transportation and Parking	
This vehicle will be trucked or trailered in	
	<u> </u>
Truck/Traler License Plate Number	License State
Please reserve parking for my truck or trailer (ADD \$50.00)	

__] Please reserve parking for my hauler or large trailer (ADD \$100.00)









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Support Vehicle Info

Year	Make	Model
Vehicle Iden	ntification Number (VIN))
G . *		
Support \	Vehicle Driver Inf	<u>o</u>
<u> </u>		<u> </u>
Last Name		First Name
<u> </u>		
Home Phone	>	Work Phone
<u> </u>		
Cell Phone		Emergency Contact Phone
Driver's Lice	ense Number	State/Country Expiration Date
<u>Support V</u>	Vehicle Passenger	<u>Info</u>
		1
1st Passenger's Name		Cell Phone
	_	<u> </u>
2nd Passenge	er's Name	Cell Phone
<u> </u>		
3rd Passenger's Name		Cell Phone
<u> </u>		
4th Passenge	r s Name	Cell Phone
5th Passenge	or's Nama	Cell Phone
Jui Fassenge	zi Sivaniic	Cen riione
C 4 <i>C</i>	7 A 1-	45
<u>support (</u>	Crew Accommoda	<u>itions</u>
		occupancy room (ADD \$2500.00)
		-occupancy room (ADD \$3200.00)
		occupancy rooms (ADD \$4000.00) ly, no hospitality (ADD \$355.00)
	Joan and rounder on	-,,p.man., (. 22 2 4000.00)



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Accompanying Vehicle Info

<u>L</u>	1	
Year Make	Model	
Vehicle Identification Number (VIN)		
Venicle Identification Number (VIN)		
Accompanying Vehicle Driver	Info	
<u> </u>	<u> </u>	
Last Name	First Name	
!	I	
Home Phone	Work Phone	
I	<u> </u>	
Cell Phone	Emergency Contact Phone	
I	Ì	ı
Driver's License Number	State/Country	Expiration Date
	•	•
Accompanying Vehicle Passeng	<u>er Info</u>	
1st Passenger's Name	Cell Phone	
1st I assenger s ivallie	Cell I lione	
I	I	
2nd Passenger's Name	Cell Phone	
3rd Passenger's Name	Cell Phone	
Sid I assenger's Ivame	Cell I lione	
I	I	
4th Passenger's Name	Cell Phone	
5th Passenger's Name	Cell Phone	
Jui I assenger 8 Ivame	Cen i none	
Accompanying Crew Accommo	<u>odations</u>	
2		
One person in one single-occupa		
Two people in one double-occup		
Two people in two single-occupa	ancy rooms (ADD \$4000.00)	



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Payment Information

Credit Card Number					
		_			
Expiration Date		CVV Coo	CVV Code (last three digits on back of card)		
			<u> </u>		
Cardholder's Last Name		First Name			
D'III 4 11					
Billing Address					
	ı		i	ı	
G:	<u>l</u>		<u> </u>	<u> </u>	
City	State		Zip	Cot	ıntry

Or attach a check made out to <u>Stratus Media Group</u> and mail to:

Stratus Media Group ATTN: Phil Hoffert 3 E. De La Guerra Street Santa Barbara, CA 93101









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