



# 2016 FirstEnergy All-American Soap Box Derby Race Area Request Form

For Office Use Only

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_

Local Race City (As listed with the FEAASBD)	State/Province/Country	Region

## RACE INFORMATION - All Local Races must be open races.

Trial Run Date(s)	Local Race Date	Rain Date

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Dates of additional races, fun runs, events, fundraisers, etc to also be insured. Please explain.

<b>Divisions:</b>	<b>Race to be run on:</b>	<b>Elimination Procedure:</b>	<b>Type of Wheel Swap:</b>	<b>Entry Fee?:</b>
<input type="checkbox"/> Stock (12 Car Min.)	<input type="checkbox"/> Permanent Track	<input type="checkbox"/> Single Elimination	<input type="checkbox"/> 4-4	<input type="checkbox"/> No
<input type="checkbox"/> Super Stock (12 Car Min.)	<input type="checkbox"/> City Street	<input type="checkbox"/> Double Elimination	<input type="checkbox"/> 2-4-2	<input type="checkbox"/> Yes
<input type="checkbox"/> Masters (6 Car Min.)	Other:	<input type="checkbox"/> Timer Swap	<input type="checkbox"/> Progressive	Amount:
<input type="checkbox"/> Super Kids Classic			Other:	

## LICENSEE OFFICERS - Please note that the Local Race Director specified will receive all official mailings and/or correspondence from the International Soap Box Derby, Inc. to the email address and street mailing address indicated on this form.

Local Race Director Name	Email Address (Required)		
Mailing Address (Required)	City	State/Province	Zip/Postal Code
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number

\*At least one phone number is required for use by ISBD headquarters. Local race organizations are now responsible for keeping their websites up to date.

Assistant Director/Co-Director (Required)	Email Address (Required)		
Mailing Address (Required)	City	State/Province	Zip/Postal Code
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number

\*At least one phone number is required for use by ISBD headquarters. Local race organizations are now responsible for keeping their websites up to date.



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Expend no funds other than your license fee, make no commitments and take no action regarding the Local Race before receipt of the All-American Soap Box Derby License Agreement in form executed by the International Soap Box Derby, Inc.  
\*NO AUTHORITY IS GRANTED BY THIS OR OTHER DOCUMENTS NOR BY ORAL STATEMENTS.

## LOCAL RACE CITY ORGANIZATION INFORMATION

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**Local Race City Organization** (Name must include your race city)

**State/Province/Country**

**Board Members and Committees:** This information is no longer included on the Race Area Request Form, instead please fill out and return the Board Members and Committee excel sheet if you need a copy of this please e-mail soapbox@soapboxderby.org.

**Facebook page name**

**Twitter name (ex. @aasbdorg)**

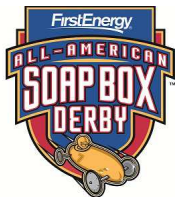
**Instagram name**

**Other Social Media Accounts**

**Race Area Requested** - Must outline a geographic and/or political boundary (city, county, etc.); please attach a map highlighting the area.

**Track Address/Location** - Please provide the address of the track. If run on city streets, include crossroads of starting and finish lines.

**Sponsors** - Please provide a list of your event sponsors



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## LICENSEE INFORMATION

**Licensee** - Organization signing the License Agreement and responsible for compliance with terms and payment of franchise fee.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Mailing Address

City

State/Province

Zip/Postal Code

<input type="text"/>	<input type="text"/>
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If Corporation, provide state and date of incorporation

Website Address

**Please specify:**

☐ For Profit

☐ Not-for-Profit\*

**\*If you are a Not-for-Profit organization please include a copy of your 501c3 determination letter, a copy of your most recent Form 990 and Bylaws.**

Federal ID Number:

**Licensee Board Members (if different from Local Race City org.):**  
(Board Members will be included on some correspondence.)

**Email Address**

**Phone Number**

President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vice Pres.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

**List all additional insured:** Note: 1) Individuals cannot be listed.

☐ I need a separate certificate of liability issued to:  
(ex. City of Jamestown, New York, PO Box 123, Jamestown, NY 00000)

☐ I need an endorsement.



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Local Race City Organization

State/Province/Country

## TERMS AND CONDITIONS

If your form is completed online, it must be printed and signed by the local race director before submission to International Soap Box Derby (ISBD) Headquarters. You may email a completed RAR form to [soapbox@soapboxderby.org](mailto:soapbox@soapboxderby.org), fax it to (330)733-1370, or mail it to International Soap Box Derby, PO Box 7225, Akron, OH 44306. Payment must be postmarked the day of electronic submission and received within three business days.

Race Area Request forms are due with payment unless filing for approval of a new race city.

All Race Area Request forms must be typed. Handwritten forms will not be accepted.

All license fees are due with completed Race Area Request postmarked no later than January 15, 2016. After this date, a \$100 late fee will be added to your license fee.

All **NEW** Local Race Directors and Assistant Directors are required to submit the Local Race Director Resume and References form and a copy of a legal photo ID (e.g., driver's license, passport). If you were the race director/co-director from the previous year and your paperwork is on file, you do not need to re-send this paperwork. All 2016 Local Race Cities are required to assign an Assistant Director.

### 2016 Licensing Fees are as follows:

- One Division \$1,250
- Two Divisions \$1,600
- Three Divisions \$1,900

Please remember to specify any additional insured(s) on the third page of the Race Area Request form.

If paying by credit card an additional 3% fee will be charged to cover our service charge.

The Licensee agrees to comply with all signage and decal requirements of any national and/or title sponsor of the International Soap Box Derby, Inc.

I certify all of the information on this Race Area Request form to be true to the best of my knowledge and I will accept all conditions herein and will be bound by the 2016 License Agreement.

\_\_\_\_\_  
Signature of Local Race Director

\_\_\_\_\_  
Print/Type Name of Local Race Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Name of Local Board President