



2017 OFFICIAL GLASMC COMPETITION FORM
Springfield, Illinois
FRIDAY, SEPTEMBER 15th, 2017
 Bunn-O-Matic 1400 Stephenson Dr. Springfield, IL 62703
 (Please PRINT CLEARLY 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

- | | | |
|------------------------------|--|--|
| Class 1: () Mini & Sub-Mini | Class 4: () 1200 cc & over Classified | Class 6: () 0-500 lbs. Classified |
| Class 2: () 0- 360 cc | Class 5: () 1200 cc & over Unclassified | Class 7: () 0-500 lbs. Unclassified |
| Class 3: () 361 - 1199 cc | Class 10: () Segway | Class 8: () 501 lbs. & over Classified |
| | | Class 9: () 501lbs. & over Unclassified |

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

Minimum of 4 participants for Inspection, Drill and/or Parade Competition. Minimum of 2 participants for Obstacle Course & Slow Ride to qualify for awards. Other members can participate for fun. (vehicle safety inspection required)

INSPECTION: _____	NO. OF RIDERS: _____	** (2-WHEEL ONLY) **
DRILL: _____	NO. OF RIDERS: _____	SLOW RIDE: _____ NO. OF RIDERS: _____
OBSTACLE COURSE: _____	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: August 24, 2016**
 (Postmark will determine competition order)

~ ~ ~ ~ ADWARDS BANQUET Will be at the Pres. Abe Lincoln DoubleTree by Hilton ~ ~ ~ ~

- On Saturday - Sept. 16th 2017 - Cocktails 5:30pm - Dinner 6:30pm Plated dinner,

Midwestern Salad with Mixed Greens, choice of dressings, Grilled Chicken Breast with Limoncello Cambazola Sauce
 Chef's Choice of Starch, Vegetable du Jour, Flourless Chocolate Cake, Regular & Decaf Coffee, Iced Water, Hot Tea

No. of Dinners _____ x \$38.00 = _____ CHECK #: _____

Checks Payable to GLASMC and return to:

"GLASMC" C/O Rick Elman, Sec. - 6300 Old Porter Rd, Portage IN 46368

QUESTIONS CONTACT Rick AT: 219-793-2221 elman.rick@gmail.com