

# THE GATE PRESENTS THE



## Spring Challenge MAY 14-15, 2010

**Location/Info:** *The Gate* - Laurel Square shopping center. 1733 Pearl Road, Brunswick, OH 44212. Entries are non-transferable and non-refundable after May 8, 2010. **Entries limited to 75 racers.** All TOUR rules apply. LiPo batteries must be charged in a LiPo sack. **Personal transponders are mandatory.** Pit tables and chairs will be provided for racers only. Jack the Gripper or Epic Sticky Fingers traction compound only; NO WINTERGREEN.

- CEFX will be bringing display AND test cars. If you don't have a car, just show up and use a CEFX race-winning car! **Limited availability**
- CEFX to provide lunch on Saturday!

**Awards:** 13.5 COT / 10.5 / 7.5  
Cash Payouts for TQ, 1<sup>st</sup>-3<sup>rd</sup> for A Mains. \$5 per entry goes towards payout.  
Trophies 1<sup>st</sup>-3<sup>rd</sup> for all lower mains.

**BRP Kids Class, Sponsored by Power Push**  
Trophies for all participants!

**Hotel Info:** **Super 8 Strongsville.** 15385 Royalton Rd, Strongsville, OH 44136. 440-238-0170

**Schedule:**

|                      |                     |                                    |
|----------------------|---------------------|------------------------------------|
| <i>Friday 5/14</i>   | 6:00pm to 12:00 am: | Open Practice                      |
| <i>Saturday 5/15</i> | 7:00am to 11:30am:  | Practice (Controlled if necessary) |
|                      | 12:00pm to Finish:  | Racing Starts                      |
|                      |                     | 3 Rounds of Qualifying and Mains   |



**Information:** For more information, contact Paul Ciccarello at [info@clevelandcarpetracing.com](mailto:info@clevelandcarpetracing.com).  
Additional information located at: [www.clevelandcarpetracing.com](http://www.clevelandcarpetracing.com)

### Entry Form

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| <b>Classes:</b> |               |              |           |      | <u>Amount</u> |
|-----------------|---------------|--------------|-----------|------|---------------|
| 13.5 COT:       | Freq-1: _____ | Freq-2 _____ | PT# _____ | \$25 | \$ _____      |
| 10.5:           | Freq-1: _____ | Freq-2 _____ | PT# _____ | \$25 | \$ _____      |
| 7.5:            | Freq-1: _____ | Freq-2 _____ | PT# _____ | \$25 | \$ _____      |
| BRP Kids        | Freq-1: _____ | Freq-2 _____ | PT# _____ | \$10 | \$ _____      |

Total Amount Enclosed: ..... \$ \_\_\_\_\_

**Make Checks Payable to: Paul Ciccarello**  
Mail to: Paul Ciccarello  
2029 15<sup>th</sup> Street  
Cuyahoga Falls, OH 44223