



ROAD/TRACK POST-EVENT PAYMENT REPORT PAYMENT

For all IBRA permitted events

Payment must be submitted no later than 7 days following the event date

Larry Howe, IBRA Treasurer, 6014 Bethpage Circle, Cedar Rapids, IA 52404

e-mail: larry.howe@mchsi.com

Event Name:	Permit#
Event Date:	Phone #
Event Organizer/Contact:	Email:
Chief Official	Phone #

Insurance Surcharges

# of riders	_____	on date	_____	x \$1 each=	\$ _____
# of riders	_____	on date	_____	x \$1 each=	\$ _____
# of riders	_____	on date	_____	x \$1 each=	\$ _____

TOTAL DUE \$ _____

Officials: Chief Referee: _____

Chief Judge: _____

Crew: _____

I acknowledge I have received _____ from the event promoter. _____ Chief Official

Promoter _____ Official _____