

BULLETIN NO. 14/15-020 DATE: 24 AUG 15

TO: All ISR Racing Affiliates

SUBJECT: *ISR RACE AND TECH DIRECTORS SCHOOL.*

Again in 2015!

We will be bringing the schools to a Location near you.

- **October 3th at the Big East snow show Syracuse, NY.**
- **October 17th at the Snowmobile USA snow show Milwaukee, WI**
- **October 24th at the Arctic Cat Race Dept. Thief River Falls, MN**
- **November 7th at the Snowmobile USA snow show Novi, MI**

Please respond to this email or fax this form to ISR with the names of your officials who plan to attend.

RSVP by September 15th 2015 to insure your reservation at the school.

After you RSVP we will send you information for the location you have chosen with room numbers and hotel accommodations in the area and any other pertinent information.

2015/2016 Race Director and Technical Director School will be held at a location shown above. This will be a hands on school with four major sessions. These sessions will be as follows:

SESSION 1: All four manufacturers have a 120/4 stroke snowmobile. Briggs & Stratton has entered into the 120/4 stroke racing program with a spec engine. In this session we will go over all Kitty cat and four stroke teching procedures.

SESSION 2: Fuel testing procedures and standards, enforcement and penalties.

SESSION 3: Engine teardown procedures and methods including CC'ing procedures.

SESSION 4: Race Procedures, Race Preparation, ISR insurance requirement waivers, accident procedures, etc.

THIS IS A MUST ATTEND SCHOOL.

The school is open to two representatives from each affiliate group. If you wish to have more than two people attend, contact the I.S.R. office for prior authorization. Your organization's participation in this school is the only way to insure fair and proper enforcement of race rules as published on the I.S.R. Website and race rules enforcement is required by the I.S.R. insurance program.

INTERNATIONAL SNOWMOBILE RACING, Inc.

1527 North Railroad Street Eagle River, WI 54521

262-335-2401

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| AFFILIATE NAME | | ISR affiliation no. | |
| ATTENDEE #1 | | ATTENDEE #2 | |
| NAME | | NAME | |
| ADDRESS | | ADDRESS | |
| CITY, STATE, ZIP | | CITY, STATE, ZIP | |
| PHONE | | PHONE | |
| EMAIL | | EMAIL | |

| | | | |
|-------------------------|--|-------------------------|--|
| ATTENDEE #3 | | ATTENDEE #4 | |
| NAME | | NAME | |
| ADDRESS | | ADDRESS | |
| CITY, STATE, ZIP | | CITY, STATE, ZIP | |
| PHONE | | PHONE | |
| EMAIL | | EMAIL | |

PLEASE FAX THIS FORM TO 715-479-8947 OR EMAIL YOUR RESPONSE AS SOON AS POSSIBLE TO todd@isrracing.org THANK YOU.