



VARA Race Assesment Fee Accounting Sheet

Race Name _____

Race Date _____ Race Location _____

RA Name _____ RA Email Info _____

RA Phone and Club _____

Was this race changed from its original scheduling on the Alpine Schedule Agreement? _____

Race Code #	Total Actual Starts	-	Waivers	=	Paid Total
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

*Total Paid Starts = _____

Total Paid Starts _____ x \$2 _____ = VT State Head Tax Due \$ _____

Amount Paid \$ _____ Check # _____ (Payable to State)

SEND TO: VARA PO BOX 774 WOODSTOCK, VT 05091

Person Completing Form _____ Date _____

VARA OFFICE USE

Club Account _____ Fee Amount Rcvd \$ _____

Race Name _____ # of Waived Entries _____

Age Group _____

Date Recorded _____

All other fees collected for USSA and Easef need to be sent separately to J Larson USSA Eastern Region, Box 1720 Station A, Rutland, VT 05701