

M40 SPEEDWAY DRIVER INFO SHEET – 2009

DRIVER INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

If you are receiving the 1099, please provide your soc. Sec. # _____

CLASS INFORMATION:

Class you will be participating in (Please circle one): LM, Pro, Pure, Enduro, Modified, 4-Cylinder

Car Number: _____

IF YOUR PAYOFF MONEY IS GOING TO SOMEONE OTHER THAN THE DRIVER, PLEASE COMPLETE THE FOLLOWING:

CAR OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____ SSN# OR FED ID# _____

EMERGENCY CONTACT: _____ PHONE: _____

BY MY SIGNATURE HERE I UNDERSTAND THE PAYOFF AND I AGREE TO ABIDE BY ALL RACING RULES OF THE TRACK AND HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES AS PUBLISHED. I HEREBY GIVE MY PERMISSION TO USE PHOTOGRAPHS OF MY CAR AND MYSELF AS A PART OF PROMOTION AND RACING PUBLICITY CAMPAIGNS.

DRIVER: _____ DATE: _____

OWNER: _____ DATE: _____