

# A.B.C. Raceway

## DRIVER INFORMATION SHEET

Driver's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Driver's Date of Birth (M/D/Y): \_\_\_\_\_

Driver's Social Security Number: \_\_\_\_\_

WISSOTA Driver's License Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone Number: ( \_\_ ) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Transponder # \_\_\_\_\_

ALL PURSE PAYMENT WILL BE MADE TO THE DRIVER LISTED ABOVE. IF PAYMENT SHOULD BE MADE TO ANOTHER ENTITY, PLEASE GET A W-9 FORM FROM THE DRAW WINDOW OR PROVIDE ONE DURING YOUR DRAW.

CAR AND DRIVER REGISTRATION FOR 1 CLASS ONLY  
(Circle / Check only one class per information sheet)

Late Model\_\_\_ Modified\_\_\_ Super Stock\_\_\_ Six Cylinder\_\_\_ Mid Mod\_\_\_ Pure Stock\_\_\_

Car Number: \_\_\_\_\_ Car Color: \_\_\_\_\_

The undersigned Driver represents the above information is fully correct, and also acknowledges receipt of the A.B.C. Raceway Track Rules [2012 Participant Rules of Conduct & Race Procedures.] Available at the draw window or pit ticket booth.

The undersigned Driver also agrees to participate in all racing events at the A.B.C. Raceway by acting in accordance with such rules, and hereby submits a fully executed Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement with a full understanding of its implications and terms.

Dated this \_\_\_\_ day of, \_\_\_\_\_ 2012.

Driver's Signature

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**MUST FILL OUT BACK SIDE(pg 2) OF FORM**

Division: \_\_\_\_\_ Car #: \_\_\_\_\_

Drivers Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This is your \_\_\_\_\_ year of racing.

Division Raced: \_\_\_\_\_ Home  
Track \_\_\_\_\_

Sponsors (if you want them mentioned, you MUST list them)

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Pit Crew

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Other Notes or Comments for Announcer:

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