

# 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: \_\_\_\_\_

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

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

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

**PURSE PAYMENTS SHOULD BE PAID TO:** \_\_\_\_\_

**Social Security Number or Federal ID Number:** \_\_\_\_\_

*All payments will be by check made payable to the identified entity and reported to the identified number*

CAR AND DRIVER REGISTRATION FOR 1 CLASS ONLY  
(Circle Only One Class for Each Driver Information Sheet)

Modified      Super Stock      Six Cylinder      Street Stock      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 [2006 Participant Rules of Conduct & Race Procedures.

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 \_\_\_\_\_, 2006.

Driver's Signature

\_\_\_\_\_

**OVER**

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pit Crew

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Notes or Comments for Announcer: