

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 Only One Class for Each Driver Information Sheet)

Late Model Modified Super Stock Six Cylinder Street Stock 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 [2009 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, _____ 2009.

Driver's Signature

MUST FILL OUT BACK SIDE 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)

Pit Crew

_____	_____
_____	_____
_____	_____

Other Notes or Comments for Announcer: