

Competitor Information Form

THE FOLLOWING REQUESTED INFORMATION IS REQUIRED FOR INSURANCE, LEGAL AND ACCOUNTING REASONS.
PLEASE FILL OUT ACCURATELY AND COMPLETELY!

DRIVER #1			DRIVER #2		
PRINT FULL LEGAL NAME			PRINT FULL LEGAL NAME		
STREET RT. NO. BOX NO.			STREET RT. NO. BOX NO.		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
AREA CODE/PHONE NUMBER			AREA CODE/PHONE NUMBER		
E-MAIL ADDRESS			E-MAIL ADDRESS		
DRIVER'S SOCIAL SECURITY NUMBER			DRIVER'S SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NO.			DRIVER'S LICENSE NO.		



*Wis. Rapids,
Wisconsin*

**DO NOT FOLD
THIS CARD**

PLEASE PRINT ALL INFO

CAR #	DRIVER'S NAME	DIVISION	Cruisers	<input type="checkbox"/> Mod	<input type="checkbox"/> Stock
-------	---------------	----------	----------	------------------------------	--------------------------------

PLEASE PRINT OR TYPE ALL INFO (I.E. So Announcer Can Read It!)

MAJOR SPONSOR	Town Where Located
Associate Sponsors	Where Located
Associate Sponsors	Where Located
Associate Sponsors	Where Located
Associate Sponsors	Where Located

DRIVER INFO	"NICK" NAMES	HOME TOWN	AGE
MARRIED (Circle One) Y N	SPOUSE'S NAME	# of CHILDREN	THEIR NAMES
OCCUPATION	EMPLOYER		
CAR MAKE	YEAR	CREW CHIEF(S)	
THIS WILL BE DRIVER'S	YEAR OF RACING	LAST YEAR'S RACING WINS AND TITLES	

DO NOT WRITE BELOW THIS LINE...FOR TRACK USE ONLY

--	--	--