

Competitor Information Form

DRIVER

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

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

CAR OWNER

(If other than driver)

If the winnings earned by the above "Driver" are to be credited (for tax purposes) to some person or company other than the "Driver", then this section must be filled out complete and signed by the "Owner".

NAME		
ADDRESS		
CITY	STATE	ZIP
OWNER'S SSN or FED ID NO.		
PHONE		

**PLEASE
PRINT
ALL INFO**



*Wis. Rapids,
Wisconsin*

**DO NOT FOLD
THIS CARD**

CAR #	DRIVER'S NAME	DIVISION <input type="checkbox"/> Late Model <input type="checkbox"/> Pure Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> 4 Cylinder Stock <input type="checkbox"/> 4 Cylinder Mod
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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

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

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