



Competition Class _____ Car # _____

State Drivers Lic. No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Vehicle (\$25.00)

Make _____ Model _____ Color _____

I have received, read, and acknowledge a copy of the "Raceway Auxiliary Pit Vehicles Rules". (Int) _____

I have read and acknowledge the above rules.

Signature Date _____

OFFICE USE Paid By Date Staff Int