

2017 Jennerstown Speedway Complex LLC, Driver Registration Form

MAIL TO: P.O. Box 270, Jennerstown, PA 15547

PHONE: 814-703-8009

*No purse check will be issued until this **completed** form & W9 is received. Thank You!*

Late Model

☐

Modified

☐

Street Stock

☐

Charger

☐

Fast N Furious 4

☐

Enduro

☐

Driver Info:

Name: _____ **Desired Car #:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Radio Frequency: _____ **SSN#:** _____

NOTE Please check here if this is the first year racing in this division ☐

Car Owner Info:

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **EIN# or SSN#:** _____

A completed W9 form must accompany this Registration Form

Purse Check Payable To:

Driver Info ☐

Car Owner Info ☐

Hometown Newspaper(s): _____

Hometown TV Station(s): _____

Current Home Track: _____ **Years Racing:** _____

Current Sponsors **With Email: _____

Pit Crew: _____

Other Tracks/Race Series You've Raced In: _____

Driver/Team Website: _____

Have you read and understand the rules completely? If so, please provide your signature below.

Signature

Date