



**SOUTH BEND MOTOR SPEEDWAY
PO BOX 348 LAKEVILLE INDIANA 46536
2017 DRIVER REGISTRATION FORM
\$20 ALL CLASSES**

Payment Method:

Cash _____

From Winnings: _____

Check# _____ (Payable to South Bend Motor Speedway)

CAR #: _____

TRANSPONDER #: _____

CIRCLE: OUTLAW LATE MODEL - SPORTSMAN - STREET STOCK - FRONT WHEEL DRIVE - HORNET

Driver's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone HOME /CELL:(_____) _____ Birthdate: Month: _____ Day _____ Year _____

Are you at least 16 years old? YES or NO

If you are 16 and under a release must be signed by BOTH parents

Are you eligible for 2017 Rookie of the Year? YES or NO

Must not have raced in this class more than 3 times in your pas at any track

**SOCIAL SECURITY OR TAX I.D. NUMBER OF PERSON OR ENTITY TO RECEIVE 1099 INFORMATION
(MANDATORY – NO PAY WITHOUT SSN!!!!)**

Name or Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ SSN or Tax I.D. No: _____ - _____ - _____

Signature: _____ (Title if Corp) _____

DRIVER / CAR INFORMATION

Vehicle Make: _____ Year: _____ Model: _____ Color: _____

Sponsors: _____

OPTIONAL INFORMATION: Occupation: _____ Hobbies: _____

Married YES or NO: _____ Spouse's Name: _____

DISCLAIMER: I understand that my signature here along with the proper registration fee makes me a member of the South Bend Motor Speedway. I agree to abide by the rule book of South Bend Motor Speedway and to its interpretation by officials. I hereby give my permission to use photographs of myself and/or race car as part of their racing publicity promotions. I agree not to hold South Bend Motor Speedway responsible for disqualifications or damage to either car or driver and I agree that I consider the facility is in safe condition when I take part in any activity.

SIGNATURE: _____

NOTE: ANY PAYOFF NOT PICKED UP ON RACE NIGHT WILL NOT BE MAILED.