



**SOUTH BEND MOTOR SPEEDWAY  
PO BOX 348 LAKEVILLE INDIANA 46536  
2019 DRIVER REGISTRATION FORM  
\$20 ALL CLASSES  
(Will be deducted from first nights pay)**

**CAR #:** \_\_\_\_\_ **Car Color:** \_\_\_\_\_

**CLASS: OUTLAW LATE MODEL – SPORTSMAN – STREET STOCK – FWD – HORNET – MODIFIED**

**DRIVER'S NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE HOME / CELL:** ( \_\_\_\_\_ ) \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Are you at least 18 years old? YES or NO**

**If you are 18 and under a release form must be signed by BOTH parents**

**Are you eligible for 2019 Rookie of the Year? YES or NO**

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

**Name or Entity:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **SSN or Tax I.D. No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **(Title if Corp)** \_\_\_\_\_

**Sponsors:** \_\_\_\_\_

**DISCLAIMER:** I understand that my signature here along with the proper registration fee make 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 racecar as part of their racing publicity promotions. I agree not to hold the 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: ALL PAYOFF MUST BE PICKED UP ON RACE NIGHT. WE DO NOT MAIL OR HOLD PAY OFF FROM WEEK TO WEEK**