



**SOUTH BEND MOTOR SPEEDWAY
PO BOX 348 LAKEVILLE INDIANA 46536
2020 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 2020 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