

ALLEGHENY MTN. RACEWAY

2005 CAR / DRIVER REGISTRATION

DRIVER'S NAME _____

NICKNAME (IF APPLICABLE FOR ANNOUNCER) _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

OWNER'S NAME (if not driver) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ E-MAIL ADDRESS: _____

LOCAL NEWSPAPER/RADIO _____

CLASS OF CAR (PLEASE CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> RRS MINI STOCK | <input type="checkbox"/> 270cc MICRO SPRINT |
| <input type="checkbox"/> RRS STREET STOCK | <input type="checkbox"/> RRS SPORTSMAN MODIFIED |
| <input type="checkbox"/> PURE STOCK | <input type="checkbox"/> 4 CYL. CHARGER |
| <input type="checkbox"/> PRO-6 THUNDERSTOCK | <input type="checkbox"/> 600cc MICRO SPRINT |
| <input type="checkbox"/> MOD-LITE | <input type="checkbox"/> DWARF CAR |
| <input type="checkbox"/> OTHER _____ | |

CAR NUMBER REQUESTED _____

IN THE CASE THE NUMBER YOU REQUESTED HAS ALREADY BEEN TAKEN, PLEASE LIST YOUR NEXT CHOICES IN ORDER OF PREFERENCE: (NO 3 DIGIT NUMBERS PLEASE)

1. _____ 2. _____ 3. _____

PRIMARY SPONSORS (PLEASE INCLUDE TOWN) _____

OTHER SPONSORS (PLEASE INCLUDE TOWN) _____

FAMILY INFORMATION

BIRTH DATE _____ SPOUSE/SIGNIFICANT OTHER'S NAME _____

CHILDRENS' NAME(S) _____

IF YOU WISH TO BE PAID BY THE TRACK AND BE INCLUDED IN THE ANNUAL POINT FUND, YOU MUST PROVIDE A SOCIAL SECURITY NUMBER. EARNINGS MAY BE REPORTED FOR TAX PURPOSES. IF THE DRIVER IS NOT THE OWNER, PLEASE SPECIFY WHOSE SSN IS BEING PROVIDED. ALL EARNINGS INCLUDING POINT FUND WILL BE PAID AND REPORTED TO THAT PERSON UNLESS THE TRACK IS NOTIFIED OTHERWISE IN WRITING BY THE PERSON WHOSE SSN IS LISTED BELOW.

S.S. # _____ OWNER () DRIVER ()

TRACK USE ONLY:

DATE OF REGISTRATION _____ AMOUNT PAID _____ OFFICIALS INITIALS _____