

MT LAWN SPEEDWAY

1494 S COUNTY ROAD 400 W
NEW CASTLE, INDIANA 47362

2023 DRIVER REGISTRATION FORM

CLASS: MODIFIED____ STOCK COMPACT____ CROWN VIC____ LATE MODEL____ PRO COMPACT____

CAR #:_____ Car Color:_____

(PLEASE PRINT)

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

Name or Entity:_____

Address:_____

City:_____ State:_____ Zip:_____

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

Signature:_____ (Title if a Corp)_____

DISCLAIMER: I understand that my signature here along with the proper registration fee make me a member of the Mount Lawn Speedway. I agree to abide by the rule book of Mount Lawn 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 Mount Lawn 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 PAY-OFF MONEY.
AFTER THE SECOND WEEK OF NON PICK UP THEN YOU FORFEITED YOUR MONEY TO THE TRACK.

