

MT. LAWN SPEEDWAY

1494 CTY. ROAD 400 WEST
NEW CASTLE, INDIANA 47362

DRIVER REGISTRATION FORM

CLASS: MODIFIED _____ STOCK COMPACT _____ PRO COMPACT _____ ROWN VIC _____ OTHER _____

CAR NUMBER: _____ COLOR: _____ YEAR: _____ MAKE _____

SPONSORS: _____

(PLEASE PRINT)

DRIVER'S NAME: _____ DATE: ____/____/____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CELL PHONE: _____ BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____ Cell: (____) _____ - _____

MARRIED: Y / N NAME: _____ KIDS: _____

AGE: _____ (IF YOU ARE UNDER 18 YEARS OLD YOU WILL NEED A SIGNED RELEASE BY BOTH PARENTS)

Name or Entity: _____

Street Address: _____

City _____ State: _____ Zip: _____

Cell / Phone: (____) _____ - _____ SSN or Tax I.D.# _____

Signature: _____ Title if (Corp.) _____

Disclaimer: I understand that my signature here along with the proper registration fee make me a member of Mt. Lawn Speedway. I agree to abide by the rule book of Mt. Lawn Speedway and to its interpretation by officials. I hereby give my permission to use photographs of myself and/or race cars as part of their racing publicity promotions. I agree not to hold Mt. Lawn Speedway responsible for disqualifications or damages to either car or driver and I agree that I consider the facilities 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 AFTER THE SECOND WEEK OF NON PICK UP THEN YOU FORFEIT YOUR MONEY TO THE TRACK. THIS FORM MUST BE FILLED OUT COMPLETE AND ON FILE IN THE PIT OFFICE TO GET PAID.