

# 2011 SPARTAN SPEEDWAY DRIVER'S REGISTRATION FORM SPECIALTY EVENTS

Mailing Address: 551 W. Columbia Street, Mason MI 48854  
Office: (517) 244-1042 ~ Track: (517) 676-5404 ~ Fax: (517) 244-1043

## \*\*REQUIRED INFORMATION

### Driver Information

**\*\* Driver's Name:** \_\_\_\_\_

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

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

**\*\* SSN (Individual):** \_\_\_\_\_

**\*\* Phone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell

**\*\* Are you at least 18 years old:**

\_\_\_\_\_ Yes

\_\_\_\_\_ No (Minor release forms are required before competing)

### **\*\*Check all that apply:**

\_\_\_\_\_ Trailer Race

\_\_\_\_\_ Flag Pole Race

\_\_\_\_\_ Push Car Race

\_\_\_\_\_ Chain Race

\_\_\_\_\_ Skid Plate Race

**\*\*Car No:** \_\_\_\_\_

DISCLAIMER: I understand that my signature along with the proper registration fee makes me a member of the Spartan Speedway Association. I agree to abide by the racing rule book of Spartan Speedway and its interpretation by officials. I hereby give my permission to use photographs of myself and/or my race car as part of their racing publicity promotions. I agree not to hold Spartan Speedway responsible for disqualification or damage to either car or driver and I agree that I consider the track is in safe racing condition when I take part in any racing activity.

\_\_\_\_\_ **\*\* Driver's Signature**

\_\_\_\_\_ **\*\* Date**