

Please Make Check Payable To _____

2024 Spoon River Speedway REGISTRATION

Driver _____ Car # _____ Class _____

Street _____ City _____

St. _____ Zip _____

Phone [_____] _____ - _____ Age _____

Dr's License _____ Social Security # _____ - _____ - _____

Have you raced this class in prior years for more than a half season? Yes ____ No ____

PARENT OR GUARDIAN IF DRIVER IS UNDER THE AGE OF 18

Name _____ Phone [_____] _____ - _____

CAR OWNER'S NAME - ENTER SAME IF AS ABOVE

Name _____ Phone [_____] _____ - _____

Street _____ City _____

State _____ Zip _____ Social Security # _____ - _____ - _____

Upon completion of this registration, I agree that I have read and understand the rules, regulations, and race procedure and will abide by them. I hereby agree that Spoon River Speedway, it's licenses, successors, and assigns shall have the right to use the name, photographs, or other likenesses, in the connection with or for the purpose of publicizing, promoting, and exploiting, [including other commercial and or trade purposes] Spoon River Speedway. NOTICE – [Any check not picked up by end of this year, Dec. 31st, will become void and not replaced]

**IF SOCIAL SECURITY NUMBERS ARE NOT TURNED IN
RACER'S PAY CHECKS WILL BE HELD UNTIL FORMS ARE COMPLETED PROPERLY**

Signature _____

Date _____