

# USA SPEEDWAY LLC

## REGISTRATION FORM

DATE: \_\_\_\_\_ CAR # \_\_\_\_\_

CLASS: \_\_\_\_\_ MAKE OF CAR: \_\_\_\_\_

NAME OF PERSON RECEIVING PAYMENT: \_\_\_\_\_

DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

RACING EXPERIENCE: \_\_\_\_\_

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AWARDS RECEIVED: \_\_\_\_\_

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SPONSORS: \_\_\_\_\_

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OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Please fax completed form to 318-726-4208.**