

Whittemore Speedway Driver Registration Form

2024

Date: _____ Transponder Number: _____

Car Number: _____ Color: _____ Class: _____

Driver's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____

Driver's Email: _____

Car Owner: _____

Car Owner Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Chassis Builder: _____ Motor Builder: _____

Sponsors:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Who claims winnings for this car? Owner _____ Driver _____

Whoever claims winnings must fill out the attached W-9

Information provided by: _____

Please complete and return to PIT GATE.

Failure to return to the pit gate will result in the loss of points and pay for the night.

Thank you