



2015 DRIVER REGISTRATION

P.O. BOX 84
AUGUSTA, MI 49012

\$25 Fee

Per Driver - Per Class

BOB GARRETT: (269) 209-2763

CHOOSE CLASS

SPRINTS SPORTSMAN STREET STOCKS MODIFIEDS

DRIVER INFORMATION

NAME: _____

CAR #: _____ CAR COLOR: _____ ROOKIE: YES - NO

CAR MAKE: _____ YEARS DRIVING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

TAX INFORMATION FOR PERSON RECEIVING 1099 - PLEASE PRINT

LEGAL GIVEN NAME: _____

SOCIAL SECURITY # OR FEDERAL TAX ID: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE #: _____

By signing below, I hereby certify that I have read and understand all payoffs and rules published of the track. I also hereby give permission to use any photos of myself and car as part of any promotion done by Butler Motor Speedway.

SIGNATURE: _____



MEDICAL & AMBULANCE TECH

CHOOSE CLASS

SPRINTS SPORTSMAN STREET STOCKS MODIFIEDS

DRIVER INFORMATION

CAR #: _____ CAR COLOR: _____ AGE: _____

NAME: _____

CITY: _____ STATE: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL #: _____

ANY MEDICAL CONDITIONS

ANY MEDICATIONS TAKEN
