

# **LONESOME PINE RACEWAY**

Coeburn, Virginia

# **DRIVER**

# **INFORMATION**

# **PACKET**

# **2020**

## GENERAL DRIVER INFORMATION

DIVISION: \_\_\_\_\_ CAR NUMBER: \_\_\_\_\_

(Drivers who compete in more than one division must fill out a separate packet for each division)

FULL LEGAL NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ TYPE OF EMPLOYMENT: \_\_\_\_\_

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

EMERGENCY CONTACT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

### MEDICAL HISTORY

PLEASE LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

WHAT MEDICATIONS DO YOU TAKE REGULARLY: \_\_\_\_\_

PLEASE INFORM US OF ANY MEDICAL CONDITION OR MEDICAL HISTORY THAT MAY HELP  
MEDICAL STAFF TREATING YOU IN CASE OF ILLNESS OR INJURY:

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## DRIVER/CAR INFORMATION SHEET

DIVISION: \_\_\_\_\_ CAR NUMBER: \_\_\_\_\_

(Drivers who compete in more than one division must fill out a separate packet for each division)

ARE YOU COMPETING FO ROOKIE OF THE YEAR IN THIS DIVISION? \_\_\_\_\_

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

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

CAR MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

PRIMARY SPONSOR: \_\_\_\_\_

(List only one, this will be the sponsor announced during broadcasts and used in track media.)

HOW MANY YEARS HAVE YOUR BEEN RACING: \_\_\_\_\_

BRIEF RACING HISTORY, IF YOU ARE NEW TO LONESOME PINE RACEWAY:

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IN CASE OF EMERGENCY PLEASE CONTACT: \_\_\_\_\_

RELATIONSHIP TO DRIVER: \_\_\_\_\_

PRIMARY PHONE: (\_\_\_\_) \_\_\_\_\_ SECONDARY PHONE: (\_\_\_\_) \_\_\_\_\_