

DRIVER INFO-CAR NUMBER

DRIVERS NAME: _____ AGE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

RACING CLASS: _____ CAR #: _____

(RETURNING DRIVER/CAR HAVE FIRST RIGHTS TO THEIR NUMBER)

\$10.00 NUMBER FEE REQUIRED PER CAR

DRIVER SIGNATURE: _____ DATE: _____

PAYEE INFORMATION IF OTHER THEN ABOVE

NAME: _____ SS#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**MEDIA RELEASE: AGREEMENT WITH AZTEC SPEEDWAY TO USE ANY AND ALL
PICTURES AND/OR VIDEOS WITHOUT ANY COMPENSATION OF ANY KIND.**

I _____ AGREE TO MEDIA RELEASE

DATE: _____