

2024 DRIVER REGISTRATION

****All cars must be registered before being allowed on the track for play days and races****

****Must complete the entire form****

CIRCLE CLASS:

USRA FACTORY STOCK

SPORTSTER

FWD

OTHER: _____

USRA LIMITED/B MOD

PRO MOD

CRATE LATE

CAR #: _____

TRANSPONDER #: _____

DRIVER NAME: _____

FIRST

LAST

(JR/SR, II/III)

NICKNAME

SSN: _____ or EIN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____ CELL PHONE: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ CELL PHONE: _____

NAME: _____ CELL PHONE: _____

By submitting this registration I agree to abide by all rules and regulations of this organization.

Competitor Signature : _____ Date: _____

If under 18 years old, Parent Must Sign a Minor Release.

Parent Signature : _____ Parent Print: _____

For Office Use Only:

MRP

USRA LIC