PLEASE PRINT CLEARLY!	2024 DRIVER REGISTRA	TION - SANDIA SPE	EDWAY	
* This form is a DRIV form only needs to be or letter (such as an	e filled out once. If your nu	R registration. As lon Imber is not availabl	g as the DRIVER is registered, e, you must add an extra nun	
DIVISION: **CAR NUME	BER:()U	ISRA MOD ()USF	RAB-MOD ()CRUISER	
() LEGEND () USRA ST	OCK CAR () WING 360 S	SPRINT () NON WIN	G 360 SPRINT	
() 600CC MICRO SPRIM	IT			
() OTHER		** Number registration expires Dec. 31, 2024		
MUST PARTICIPATE IN MININ DRIVER INFORMATIO		NTS TO RECEIVE YEAR-EN	ID AWARD; MUST ALSO PAY ANNUAL F	EE
NAME: Last		First	MI	
ADDRESS:				
CITY:		ST:	ZIP:	
PHONE: Home:	Cell:		Work:	
Email:		SS#		
DOB:	Age:	Male:	Female:	
Health Insurance Co:				
I designate and name th	he following Emergency (Contact and Benefic	iary:	
Name:				
Relationship:		Phone:		
I confirm that I have prov	vided accurate information.	By registering, I ack	nowledge and agree to the nnity agreement, and agree to	
<u></u>			Date:	
Signature (If under 18, <u>Bo</u>	o <u>th</u> Parents or Legal Guardi	ian must sign)		
If different than driver,	name purse check(s) to	be written to:		
<u>ONE TIME RACE FEE:</u> \$	10 ()			
Cash () Credit Card () Check ()			
Date paid:	_Amount paid:	Received bv:		