# ANGOLA MOTORSPORT SPEEDWAY

**3911 GOSHEN ROAD, FORT WAYNE INDIANA 46818**

**_____ DRIVER REGISTRATION FORM**

**Circle One - $30 LATE MODEL ~ $30 MODIFIED**

**$30 STREET STOCK ~ $30 FWD ~ AMS HORNET $30**

**CAR # _____ DATE PAID _____**

**** NO MONEY WILL BE PAID OUT UNTIL COMPLETED FORM IS RETURNED AND ACCEPTED ****

***A Driver is Required to Register & Pay for "Each Class" they will be racing in.***

Driver's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone HOME (_____)_____ WORK (_____)_____

**Are you at least 18 years old?** Y / **N** **Are you eligible for ROY?** Y / N **Nickname?** _____

Additional Team Drivers :_____

## SOCIAL SECURITY OR TAX I.D. NUMBER OF PERSON OR ENTITY TO RECEIVE 1099 INFORMATION

**** ALL HIGHLIGHTED AREAS MUST BE COMPLETED ****

Name or Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ SSN or Tax I.D. No: _____

Signature: _____ (Title if Corp) _____

DISCLAIMER: I understand that my signature here along with the proper registration fee makes me a member of the Angola Motorsport Speedway. I agree to abide by the rule book of Angola Motorsport Speedway and to its interpretation by officials. I hereby give my permission to use photographs of myself and/or race car as part of their racing publicity promotions. I agree not to hold Angola Motorsport Speedway responsible for disqualifications or damage to either car or driver and I agree that I consider the facility is in safe condition when I take part in any activity.

**DRIVER SIGNATURE (& MINOR PARENT):** _____

NOTE: ANY PAYOFF NOT PICKED UP ON RACE NIGHT WILL NOT BE MAILED.