

2024 DRIVER INFORMATION DIXIE & ROME SPEEDWAY

DRIVER NAME: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ / _____ / _____ BIRTHDAY: _____ / _____ / _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PREFERRED CONTACT PHONE #: (_____) - _____

RACE DIVISION: SUPER LATE MODEL LIMITED LATE MODEL 604 CRATE LATE MODEL

602 CRATE LATE MODEL ECONO BOMBER STINGER OPEN WHEEL MODIFIED

.....
CAR # _____ BODY COLOR: _____ NUMBER COLOR: _____

CHASSIS BY: _____ ENGINE BY: _____

SPONSORS: _____

RACING ACCOMPLISHMENTS: _____

.....
IF PERSON OTHER THAN DRIVER IS RESPONSIBLE TO RECEIVE TAX INFORMATION AT THE END OF THE SEASON, PLEASE FILL OUT THIS PORTION:

NAME: _____ SSN: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

PREFERRED CONTACT #: (_____) - _____