

Spring Truck Registration Form

2010

Guest Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone _____
Date of Birth: _____ Sex: M F
E-mail: _____

Emergency Contact

Name: _____ Phone: _____

Do you have any medical conditions: Yes No?

If yes please explain: _____

Do you have any allergies: Yes No?

If yes please explain: _____

Are you taking any medications: Yes No?

If yes please list all medications: _____

Signature: _____ Date: _____

Parent Signature (under 21) _____ Date: _____

Mini Modified 1
Mini Modified 2
Stock
Modified 1
Modified 2
Super Modified
Powder Puff (Women Only)

Please review the class definition sheet to help determine the class that you will be running

WE RESERVE THE RIGHTS TO MOVE ANY VEHICLE TO ANOTHER CLASS AT ANY TIME AND TO TEST COMPRESSION ON ANY VEHICLE