| OFFICE USE ONLY | |
|------------------------------------|--|
| Driver Last Name Class or Event | |

2019 Owner/Driver Information Form

(Please Print Clearly)

| ALL DRIVERS COMF | PLETE TOP SECT | ION | | | | |
|-------------------------|-----------------------------|-------------------|---------------------|-------------------------|----------------------|--|
| Driver Name | | | | Car # | | |
| Class (circle one) | Outlaw Super Late Models | | Street Stocks | Outlaw FWD | Zoo Stocks | |
| ☐ Check if apply | ing for Rookie of | the Year (have no | ot run in more than | 6 point races in a sing | gle season in class) | |
| Address | | | | | | |
| Street ad | Street address City | | City | State | e Zip Code | |
| Birthdate | | Cell Phone # | | | | |
| Driver e-mail | | | | | | |
| Social Security Nur | nber | | | | | |
| Driver's Signature | | | _ Date | | | |
| COMPLETE THIS S PERSON. | SECTION ONLY | WHEN THE CA | AR OWNER AN | D DRIVER ARE | NOT THE SAM | |
| Owner's Name | Cell Phone # | | | | | |
| Address | | | | | | |
| Street ad | dress | (| City | State | e Zip Code | |
| Owner e-mail | | | | | | |
| Social Security Nur | nber or TIN | | | | | |
| Owner Signature _ | | | | Date | | |
| NOTE I/ I | | | | | | |

NOTE: Kalamazoo Speedway has a number of reporting requirements; this form captures the information needed to complete these requirements.

NO PAYOUTS WILL BE MADE UNTIL THE FORM IS RETURNED.

Return by mail to 321 16th Street, Otsego, Michigan 49078. By fax: 269-685-8315. Scan and email to gary@kalamazoospeedway.com or bring to one of the pre-season testing sessions.