



LEGENDARY NIGHT OF DESTRUCTION 2023 DRIVER INFORMATION

PLEASE PRINT LEGIBLY.

Driver Name _____

Address _____ City, State, Zip _____

Phone # _____

E-mail address _____

Date of Birth _____ Are you driving your own vehicle? _____

Owner Info (**ONLY** when different than above).

Name _____

Phone # _____

NOTE: YOU MUST COMPLETE A W-9 (or substitute) IF WE DO NOT HAVE ONE ON FILE.

Provide information for the events you will be entering.

Event Name	Vehicle Color/Type (car, truck, SUV, etc.)	Car #	Team Member (Stackers)	OFFICE USE
Drifters (closed)				
Stacker Cars				
Skid Plate Race				
Tough Truck Obstacle				
Tough Truck Challenge				
Trailer Race				
OFFICE USE ONLY BELOW				