



LEGENDARY NIGHT OF DESTRUCTION

SEPTEMBER 13, 2025

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) (If there are different owners, please note per event).

Name _____

Phone # _____

NOTE: All drivers receiving a check from Kalamazoo Speedway will need to provide their SSN at the time the check is picked up.

Please provide information for the events you will want to enter.

Event Name	Vehicle Color/Type/Make (car, truck, SUV, etc.)	Car #	Transponder
Enduro (cars)			
Mattress Race			
Moving Flag Pole Race			
Pac Man Race			
Send it Challenge Jump			
Trailer Race – Cars			
Trailer Race – Minivans/Midsize SUVs/Trucks			
Truck Tug of War			
OFFICE USE BELOW			
Pit Pass			
Transponder Pouch			