

2018 SPARTAN SPEEDWAY DRIVER'S REGISTRATION FORM

Mailing Address: 891 N. Cedar Road, Mason MI 48854
Office: (517) 244-1042 ~ Track: (517) 676-5404 ~ Fax: (517) 244-1043

11-10-17

SPECIALTY EVENTS DIVISION

REQUIRED INFORMATION

Driver Information:

** Driver's Name: _____ ** Date of Birth _____

** Are you at least 18 years old:

_____ Yes

_____ No (Minor release forms are required before competing)

** Street Address: _____

** City: _____ ** State: _____ ** Zip: _____

** Phone: (_____) _____ (_____) _____
Home Cell

** SSN (Individual): _____

** Car No: _____ ** email: _____

**Check all that apply:

_____ ENDURO FIGURE-8's

_____ OTHER _____

DISCLAIMER: I understand that my signature along with the proper registration fee makes me a member of the Spartan Speedway Association. I agree to abide by the racing rule book of Spartan Speedway and its interpretation by officials. I hereby give my permission to use photographs of myself and/or my race car as part of their racing publicity promotions. I agree not to hold Spartan Speedway responsible for disqualification or damage to either car or driver and I agree that I consider the track is in safe racing condition when I take part in any racing activity.

_____ ** Driver's Signature

_____ ** Date

RAIN OUT POLICY (Initial you have read and understand this policy) ** _____

IF RACE IS CANCELED: Before Hot Laps- Full credit for each arm band. During Hot Laps or Qualifying - \$15 credit for each arm band. During Heats - \$10 credit for each arm band. Start of Any Feature - \$-0- credit for each arm band. Any Feature More than ½ Complete – Full Pay. Any Feature Started but Not ½ Complete – Start Pay. Any Feature Not Started – ½ Start Pay.