



RACER REGISTRATION FORM

Date: July 10, 2021	Race: BOR Jackpot 300
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VEHICLE: <input type="checkbox"/> Truck <input type="checkbox"/> Buggy <input type="checkbox"/> SXS	Vehicle #: _____
SNORE Class Designation:	
<input type="checkbox"/> PRO (Payback, 5 laps) OR <input type="checkbox"/> SPORTSMAN (No Payback, 3 laps)	
Color Scheme: _____	Race Team: _____
Race Radio Freq: _____ . _____ MHz	Main Pit Cell #: (____) _____ - _____

Driver of Record				
Last Name	First Name			
Email Address	Birth Date	Age	Sex	
Street Address	City	State	Zip	
Medical Allergies/Conditions			Phone	
Emergency Contact Name			Phone	

Co-Driver #1				
Last Name	First Name			
Email Address	Birth Date	Age	Sex	
Street Address	City	State	Zip	
Medical Allergies/Conditions			Phone	
Emergency Contact Name			Phone	

Co-Driver #2				
Last Name	First Name			
Email Address	Birth Date	Age	Sex	
Street Address	City	State	Zip	
Medical Allergies/Conditions			Phone	
Emergency Contact Name			Phone	

Co-Driver #3				
Last Name	First Name			
Email Address	Birth Date	Age	Sex	
Street Address	City	State	Zip	
Medical Allergies/Conditions			Phone	
Emergency Contact Name			Phone	

Co-Driver #4				
Last Name	First Name			
Email Address	Birth Date	Age	Sex	
Street Address	City	State	Zip	
Medical Allergies/Conditions			Phone	
Emergency Contact Name			Phone	