

DRIVER NUMBER:

## DRIVER REGISTRATION FORM

Name (As it appears on Driver's License): _____	Age: _____	DOB: _____
Address (Street, City, State, Zip): _____		
Phone Number: _____	I verify that my car meets required tech items. Initial _____	

DL Number: _____
State: _____
Expiration Date: _____

Make, Model, Year, & Color of Vehicle: \_\_\_\_\_

**\*\*PLEASE READ & ACKNOWLEDGE\*\***

I understand that the racing activity in which I am about to participate is inherently dangerous and could result in personal injury to me as a driver or observer. I understand that every effort and safety precautions are taken to insure my safety; however, due to the nature of the activity, I know that there is always a possibility of injury. I agree to abide by all safety rules required by the officials and facilitators. I understand that by voluntarily participating in this event for which I am registering, I hereby release any and all participants, officials, event coordinators, the City of Coffeyville, and any emergency responders from any liability for any damage done to my vehicle or other personal property as a result of my participation in this event. I understand that my participation in the event may be terminated at any time that my cooperation is deemed unsatisfactory to any event official. Upon such dismissal, any entry fees, if applicable, are non-refundable.

Driver's Signature (with parent/guardian if under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_

<b>Hot Rod</b>	<b>Big Tire</b>
<b>Small Tire</b>	<b>Outlaw</b>
<b>American Muscle</b>	

Insurance Company: _____
Policy Number: _____
Tag Number: _____
Expiration Date: _____
VERIFIED BY: _____