

Clearwater Stock Car Assn. Membership Form (confidential)

Date _____

Cost \$ 35.00

Drivers Only : Car # _____ Class _____

NAME (first & last)

Birth Date _____

Phone: _____ cell _____

Mailing address: _____

email address: _____

**Track Rule #1: Drivers License Must be Valid if driving in
ANY race.**

DL# _____

**Track Rule #2: Any Person entering the pits must have medical
coverage and any medical conditions or disorders are to be
known by the executive.**

Emergency Contact:

Medical conditions, medications, allergies, Etc. (confidential)

Please make sure you Print Legibly