

Stateline Speedway 2009

Registration/Information Form

Please note if you are planning on racing: _____ Season _____ Specials only

Circle the division you are registering for. SLM EMOD CAD BSS SPEC SCH LSCH

If you are driving in more than one, and all of the information is the same, circle both divisions

Please print legibly. Unreadable forms will be returned for corrections

Driver Name _____ Car # _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____

Email address _____ Rookie? _____

WEBSITE ADDRESS? _____

Money to be paid to _____ Soc Sec # _____

Address _____ City _____ State _____ Zip _____

By completing this form, management assumes that ALL rules have been read
SPONSORS (include their websites if applicable)

Pit Crew _____

Shirt size _____ Jacket size _____

PLEASE MAIL OR FAX REGISTRATION TO

STATELINE REGISTRATION / 4150 KORTWRIGHT ROAD / JAMESTOWN NY 14701

FAX 716-487-0769

Track office: 814-489-7866 Home: 716-487-2368 Cell: 814-688-4435 or 4550

Email: seracing@penn.com WEBSITE stateline-speedway.com