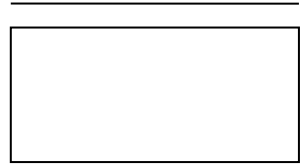




Post Office Box 105
Stafford Springs, CT 06076
Phone (860) 684-2783
Fax (860) 684-6236



2018 NUMBER REGISTRATION FORM

COMPLETE ALL LINES ON THIS FORM, DO NOT WRITE "SAME" ON ANY LINE
SEE ADDITIONAL INSTRUCTIONS ON BACK

NUMBER REQUESTED: _____ \$50.00 REGISTRATION FEE

ALL CAR NUMBERS ARE OWNED BY STAFFORD SPEEDWAY.

THE LISTED CAR OWNER HOLDS THE RIGHTS TO AN ASSIGNED NUMBER.

CHECK DIVISION: [] SK MODIFIED® [] LATE MODEL [] SK LIGHT [] LTD. LATE MODEL [] STREET STOCK

Minimum Age Requirements: SK Modified® and Late Model: 16 yrs. of age – SK Light & Ltd. Late Model: 15 yrs. of age – Street Stock: 14 yrs. of age

NOTE: SK Light, Ltd. Late Model, & Street Stock competitors will not be permitted to compete in other divisions on the same event date.

CAR OWNER INFORMATION

CAR OWNER: _____ DATE OF BIRTH ____/____/____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE

DAY (____) _____ NIGHT (____) _____ CELL (____) _____

CREW CHIEF _____ TRANSPONDER #

--	--	--	--	--	--	--

OWNER E-MAIL ADDRESS _____

CAR BODY MAKE _____ CAR MODEL _____

CHASSIS BUILDER _____ ENGINE BUILDER _____

MAIN SPONSOR _____ SECONDARY SPONSOR _____

DRIVER INFORMATION

(As appears on NASCAR License)

DRIVER LEGAL NAME: _____ DATE OF BIRTH ____/____/____

RACING NAME (If Different) _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER E-MAIL ADDRESS _____

TELEPHONE

DAY (____) _____ NIGHT (____) _____ CELL (____) _____

DRIVER SOCIAL SECURITY # (PROVIDE ONLY IF NOT ALREADY ON FILE): _____

DRIVER TWITTER @ _____ FACEBOOK.COM/ _____

IF A DRIVER WISHES TO BE CONSIDERED FOR ROOKIE POINTS, PLEASE CHECK HERE [] *

*In order to be granted Rookie consideration, a driver cannot have competed in more than five (5) races in your selected or higher division at Stafford Speedway in any previous season. You must run a yellow stripe on your rear bumper as a rookie. The team representative signing this application below agrees that all team members, including but not limited to driver, owner, crew chief or crew members, will honor any reasonable requests for participation in any photo, video or audio event at the request of Stafford Motor Speedway or agent of Stafford Motor Speedway.

NOTE: ALL MONEY WON WILL GO TO THE DRIVER (UNLESS OTHERWISE DIRECTED).

DIRECT DEPOSIT IS HIGHLY RECOMMENDED. PLEASE SEE BACK SIDE FOR COMPLETE DETAILS.

SIGNED _____ TITLE _____ DATE ____/____/____

If any of the above information changes during the 2018 season, please notify the Speedway Office.

All Stafford Speedway Competitors must complete this entire form prior to racing. No numbers will be assigned and you will not be allowed to compete until this form is completed and returned to Stafford Motor Speedway.

REGISTRATION FORM REGULATIONS

1. All competitors must renew this form each year.
2. If the Registration Form is returned to Stafford Speedway before December 15, 2017 then the registration fee is **\$35.00**. After Dec. 15, 2017, the Registration Fee increases to **\$50.00**.
3. No duplicate numbers will be permitted at any time in any division.
4. A maximum of **two (2)** digits will be permitted.
5. No letters may be run with numbers.
6. You must complete and return this Registration Form by December 15, 2017 to retain your same car number for the 2018 season.
7. Please complete all lines on the front of this form, **DO NOT WRITE SAME** on any line.
8. Stafford Motor Speedway owns the rights to all numbers and reserves the right to revoke, reassign or transfer car numbers to another car owner at any time. The person(s) designated as the car owner on the front of this form holds the rights to the car number. Any change or transfer of car number(s) must be approved by the listed car owner and accompanied by an additional fee. Car numbers are non-assignable and non-transferable, except by Stafford Motor Speedway. **Numbers are not automatically renewed.** Stafford Speedway reserves the right to assign number colors. If your car does not compete within the first six (6) events of the season, the number may be reassigned to another car owner.
9. The person completing this form must sign and date it on the bottom of the front page.

AUTHORIZATION FOR DIRECT DEPOSIT OF RACE WINNINGS

CHECK HERE FOR NEW DIRECT DEPOSIT ENROLLMENT.

CHECK HERE IF YOUR DIRECT DEPOSIT INFORMATION HAS CHANGED.

CHECK HERE IF YOUR DIRECT DEPOSIT INFORMATION REMAINS THE SAME.

CHECK HERE IF YOU DON'T NEED YOUR DIRECT DEPOSIT STUB WEEKLY.

Bank Name: _____

Savings or Checking Account (PLEASE CIRCLE ONE)

Bank Account #: _____

Bank Routing #: _____

I authorize Stafford Springs Enterprises, Inc. and the bank listed above to deposit my net pay into my account each payday. If funds to which I am not entitled to are deposited into my account, I authorize ADP to direct the bank to return said funds. I understand that my deposit may not be credited to my account until 5:00 p.m. on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.

Driver Signature: _____

Print Name: _____

Date: _____