

Atchison County Raceway

Car/Driver Registration Form

Please complete and send to:

Atchison County Raceway

10548 Sedgwick Rd

Atchison, KS 66002

Year:

Phone: 913.370.2520 (Phil)

Email: phil@acraceway.com

Website: www.acraceway.com

Entry Fee: \$50.00 Per Class

IMCA Modified IMCA Stock Car E Modified Hobby Stock

Sport Compact Other: _____

Car Number (1st Choice) _____ (2nd Choice) _____

DRIVER INFORMATION: Name: _____

Date of Birth: _____

Feature Winner T-Shirt Size: _____

PAYEE INFORMATION (If different than Driver): Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ SSN/Fed. ID#: _____

E-mail: _____

Emergency Contact: Name: _____

Relationship: _____ Phone #: _____

Medical Conditions or Allergies: _____

Sponsors/Accomplishments: _____

By submitting this ACR Car/Driver Registration Form, I agree to abide by all the track's rules and regulations. I understand that failure by the driver/owner/crew member to abide by track rules may result in disqualification, suspension, and/or fines.

Signature _____ Date _____