



**Casper Speedway
PO Box 4353
Casper, WY 82604**

DRIVERS REGISTRATION / PARKING PERMIT REGISTRATION

NAME: _____ CAR NUMBER: _____
CLASS: _____ PHONE NUMBER: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ S/S NUMBER: _____ - _____ - _____
WISSOTA LICENSE NUMBER: _____ IMCA LICENSE NUMBER: _____
SPONSORS: _____

**ALL SPACES MUST BE FILLED IN, EXCEPT THE WISSOTA OR IMCA LICENSE NUMBER.
SOCIAL SECURITY NUMBERS HAVE TO BE COMPLETE FOR TAX PURPOSES
ALL CHECKS WILL BE MADE PAYABLE TO THE DRIVER OF THE CAR.
IT IS THE DRIVERS RESPONSIBILITY TO GET THE CHECKS TO THE CAR OWNER. NO EXCEPTIONS.**

IN CASE OF EMERGENCY CALL:
NAME: _____ PHONE NUMBER: _____

CLASS REGISTRATION FEE FOR ALL CLASSES \$30.00
RESERVED PARKING \$80.00- PARKING PERMIT / SPACE NUMBER: _____
TOTAL DUE: \$ _____ PAID BY: _____

MAKE CHECKS PAYABLE TO - CASPER SPEEDWAY ASSOCIATION

I HAVE READ AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE CASPER SPEEDWAY. I WILL INFORM MY PIT CREW OF ALL RULES AND REGULATIONS.

SIGNED: _____ DATE: _____