



305 SPRINT CAR NATIONALS REGISTRATION FORM

OCTOBER 13TH & 14TH | BRIDGEPORT MOTORSPORTS PARK

Driver Name : _____ Car # : _____

PRIMARY RACESAVER SPRINT SERIES : _____

Driver Address : _____ City : _____

State : _____ Zip Code : _____ SSN : _____ - _____ - _____

Cell Phone # : _____ Email Address : _____

Car Owner Name: _____ Car #: _____

PRIMARY RACESAVER SPRINT SERIES: _____

Car Owner Address: _____ City: _____

State: _____ Zip Code: _____ SSN: _____ - _____ - _____

Cell Phone # : _____ Email Address: _____

The person receiving purse money should be listed as the Car Owner. Information above must be completely filled out. If Driver and Car Owner are the SAME, you can list SAME for Car Owner. If it is different, please fill it out completely.

Entry FEE: \$50.00

Make Checks payable to Mid-Atlantic Sprint Series, LLC.

Mail completed form and check to:

Mid-Atlantic Sprint Series, LLC. | PO BOX 1184 | Elmer, NJ | 08318

APPLICANT SIGNATURE: _____ DATE: _____