

2019 CORRIGAN OIL SPEEDWAY DRIVER'S REGISTRATION FORM

Mailing Address: 891 N. Cedar Road, Mason MI 48854
Office: (517) 244-1042 ~ Track: (517) 676-5404 ~ Fax: (517) 244-1043

Updated 11-15-18

Division(s): \$20 (ONE TIME PER SEASON)

Modified _____ **Street Stock** _____
Late Model _____ **4 & 6 Cyls** _____

**** Driver's Name:** _____ **** Date of Birth:** _____

**** Street Address:** _____ **** City:** _____

**** State:** _____ **** Zip:** _____ **Email Address:** _____

**** Phone:** (____) _____ (____) _____ (____) _____
Home Cell Work

**** Are you at least 18 years old:** _____ **Yes** _____ **No (Minor release forms are required before competing)**

**** Social Security for Individual or Tax ID Number of Business Entity for 1099 Information**

_____ **All Information is the Same as Above** (Initial or if not the same complete below)

Individual Name or Name of Business Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

**** SSN (Individual):** _____ **"OR"** **** Tax ID No. (Business)** _____

**** Signature:** (Of person receiving 1099) _____ **Title if Corp:** _____

Driver Information (optional)

Vehicle Make: _____ **Yr:** _____ **Model:** _____ **Color:** _____

Car No: _____ **Yrs. Racing:** _____ **Sponsors: (Please Limit to 3)** _____

**** NOTE: ALL VEHICLES ARE REQUIRED TO PARK ON A SLAB** (Slab fee not required on Sundays)

Initial One: _____ **Reserved = \$125** _____ **Season = \$60** _____ **Per Night = \$10**
(Includes Sundays) (First come first served) (Deducted from purse)

DISCLAIMER: I understand that my signature along with the proper registration fee makes me a member of the Corrigan Oil Speedway Association. I agree to abide by the racing rule book of Corrigan Oil Speedway and its interpretation by officials. I hereby give my permission to use photographs of myself and/or my race car as part of their racing publicity promotions. I agree not to hold Corrigan Oil Speedway responsible for disqualification or damage to either car or driver and I agree that I consider the track is in safe racing condition when I take part in any racing activity.

**** Driver's Signature** _____

**** Date** _____

RAIN OUT POLICY (Initial you have read and understand this policy) ****** _____

IF RACE IS CANCELED: **Before Hot Laps-** Full credit for each arm band. **During Hot Laps or Qualifying** - \$15 credit for each arm band. **During Heats** - \$10 credit for each arm band. **Start of Any Feature** - \$0- credit for each arm band. **Any Feature More than 1/2 Complete** - Full Pay. **Any Feature Started but Not 1/2 Complete** - Start Pay. **Any Feature Not Started** - 1/2 Start Pay.