



2024 Driver Registration Form

Turn this form in at pit gate OR mail to:

Wiscasset Speedway

42 Cove Lane, Kingfield, Me 04947

Racing Division _____ Car # _____

Transponder # _____ Radio Frequency _____

(If You Own One)

Driver's Name _____ Age _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____

Email _____

Medical Issues EMT's should be aware of _____

Please Make Checks Payable To _____

Social Security or Tax ID # _____

Mailing Address _____

City _____ State _____ Zip Code _____

(Check One Option Below)

_____ Mail check to the address above.

_____ Hold check at the track for me to pick up next time I race.

_____ Prefer to add my winnings to "My Speedway Card" next time I race.

Race Team Name _____

Car Owner _____ Crew Chief _____

Crew Members _____

Sponsors _____

Driver Accomplishments/Achievements/Pertinent Information _____
