Competitor Information Form

The following informationrequested is **REQUIRED** for insurance, legal, and accounting purposes.

Please send completed form to: **oshkoshspeedzone@yahoo.com**

DRIVER PAYOUT INFORMATION: THIS SECTION IS REQUIRED! Year

THIS INFORMATION IN REQUIRED: *PLEASE PRINT ALL INFORMATION CLEARLY*

Impact Motorsports
Oshkosh SpeedZone Raceway
PO Box 3226 Oshkosh, WI 54903
Phone: 920-231-8415
WWW.OshkoshSpeedZone.Net

ATTENTION: CAR OWNER / DRIVER

This section MUST be filled out as to who the SpeedZone Raceway will be crediting the season payout for the named driver below.

Name or Company Name	
Address	
City/State/Zip	
Owner's SSN or FED I.D. Number	
Signature	

DRIVER ADDRESS INFORMATION: THIS SECTION IS REQUIRED!

Driver's Full Name:			
Address Street / RT / P.O. Box No.			
	City:	State:	Zip:
IMCA Membership Number			
Driver's Email Address			

Driver / Sponsor Information Form

Please print all information clearly. Information is for announcer to read during racing.

Car

Division:	Car Number:	Car Make:	Year:
Chief & Crew Members:			

Driver Information

Driver's Full Name:			
Nick Name:			
Home City		State:	
If married Spouse's Name:			
Children Names:			
Occupation:			
Other Interest:			
How many years Driving?			
Titles or Memorable wins			

SPONSORS:	Location