SUNDAY AUGUST 31ST, 2025

Competitor Information Form

DRIVER 2025

THE FOLLOWING REQUESTED INFORMATION IS REQUIRED FOR INSURANCE, LEGAL AND ACCOUNTING REASONS. PLEASE FILL OUT ACCURATELY AND COMPLETELY!

PRINT FULL LEGAL NAME		
STREET RT. NO. BOX NO.	STATE	ZIP CODE
CITY	AREA CODE/ PHONE NUMBER	
DRIVER'S SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
DRIVER'S LICENSE NO.		

PLEASE PRINT ALL INFO

CAR OWNER

(If other than driver)

If the winnings earned by the above "Driver" are to be credited (for tax purposes) to some person or company other than the "Driver", then this section must be filled out complete and signed by the "Owner".

NAME		
ADDRESS		
CITY	STATE	ZIP
OWNER'S SSN or FED ID NO.		
PHONE		

Please email form to dellsracewayparkinfo@gmail.com or us mail to DRP W12013 Gruchow Lane Waterloo, WI 53594

REDNECK RACING EVENTS

☐ Trailer Race ☐ Chain Race ☐ Tag Team ☐ Back Up Race ☐ Roval Race

☐ Boat Race ☐ Burn Out ☐ Skid Plate ☐ ☐

CAR #	DRIVER'S NAME

PLEASE PRINT OR TYPE ALL INFO (I.E. So Announcer Can Read It!)

MAJOR SPONSOR	Town Where Located

Associate Sponsors	Where Located	Associate Sponsors	Where Located

DRIVER INFO

"NICK" NAMES		HOME TOWN	AGE
MARRIED (Circle One) Y N	SPOUSE'S NAME	# of CHILDREN	THEIR NAMES
OCCUPATION		EMPLOYER	
CAR MAKE	YEAR	CREW CHIEF(S)	
THIS WILL BE DRIVER'S _____ YEAR OF RACING	LAST YEAR'S RACING WINS AND TITLES		

DO NOT WRITE BELOW THIS LINE...FOR TRACK USE ONLY
