

2022 Registration Form

Please complete and email with completed payment form to payment@delawarespeedway.com. Full season registrations received by February 1st will save your number from last year or first choice of number not used in 2021. After February 1st, number selection becomes first come first serve. Payouts will be available for pickup at next race event or mailed to address below at the end of the season. Replacement requests for lost cheques will incur a \$20.00 charge per lost cheque.

Division:Late ModelsSuper StocksV8 StocksBone StocksRegistration\$300.00\$300.00\$250.00\$200.00

After February 1st, registration fee increases \$50.00. Registration includes transponder rental, vehicle #, driver's roster, email notifications, year-end points fund and one driver banquet ticket. Note: You must attend the banquet in person, to receive your point money and awards.

Car Owner Information										
NAME:										
MAILING ADDRESS:										
CITY:		PROV:		POSTAL:						
CELL:		E-MAIL ADDRESS:								
MAKE CHEQUES PAYABLE TO: CAI		R OWNER [DRIVER							
Car Information										
CAR NUMBER (List three choices in order of preference): (Please s										
SPONSORS (to be listed on website):										
WEBSITE:	Instagram:		Facebook:		YouTube:					
CAR MAKE: C	HEVROLET	DODGE F	FORD	TOYOTA						
RESERVED TRAILER PARKING / CONCRETE PAD - \$250.00 YES				NO						
Driver Information										
NAME:										
MAILING ADDRESS:										
CITY:		PROV:		POSTAL:						
CELL:		E-MAIL:								
DATE OF BIRTH:			HOMETOWN:							
ARE YOU APPLYING FOR ROOKIE STATUS: YES NO										
A driver that has competed in a higher division than the one for which they are registering or has competed in 4 or more races in their division will not be eligible for rookie status.										
EMERGENCY CONTACT:										
PHONE NUMBER:		RELATION	NSHIP:							



Payment Authorization Form									
DIVISION:	Late Models	Super Stocks		V8 Stocks	Bone Stocks				
Credit Card Payme	nt								
NAME ON CARD:									
CREDIT CARD #:									
EXPIRY DATE:			CVD:						
PAYMENT AMOUNT:		1							
CARD HOLDER SIGNATU	RE:								
DATE:									

Interact E-Transfer Payment

SEND PAYMENT TO: <u>payment@delawarespeedway.com</u>

IMPORTANT: Include DIVISION, DRIVER NUMBER and NAME in comments before sending