



Registration Form

Car #: _____ Class: _____

Driver's Information

Name: _____

Address: _____ City _____ State: _____

Zip: _____ Phone: _____ Social Security #: _____

Emergency Contact: _____ Phone: _____

Car Owner Information: Please fill this out *if different than above* - If you are using a FEIN # print it exactly how the business name is registered. Please make sure you print the name exactly how it is on your SS card. *Remember this is the person we will write all the checks to and who will receive the 1099.*

Name: _____

Address: _____ City _____ State: _____

Zip: _____ Phone: _____ Social Security #: _____

Registration Fees:

IMCA Modified: \$50.00

All Other Classes: \$40.00

Please make check payable to: **Lafayette County Promotions LLC**

Mail to: Lafayette County Promos LLC, 11190 Breniger Lane, Darlington, WI 53530

Sponsors (for announcer): _____
