



2018 CMS TRAILER RACE REGISTRATION FORM

SEND COMPLETED FORM TO: INTERNS-EVENTS@CHARLOTTEMOTORSPEEDWAY.COM

DRIVERS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE # _____

E-MAIL _____

RACE VEHICLE INFORMATION

VEHICLE NUMBER (First come first serve basis) _____

YEAR: _____ MAKE: _____ MODEL: _____ ENGINE CID: _____

I HEREBY STATE THAT I HAVE READ, FULLY UNDERSTAND AND WILL ABIDE BY THE RULES, IT'S POLICIES AND ALL CHARLOTTE MOTOR SPEEDWAY OFFICIALS DECISIONS. I ALSO STATE THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MISREPRESENTATION OF THE ABOVE WILL RESULT IN DISQUALIFICATION.

DRIVER SIGNATURE _____

DATE _____