

Bandimere Speedway Driver Registration

Number

Please print in ink, fill out completely and turn in at Tech.

For Office Use Only

Driver's Name _____ M/F Birth Date _____ Age _____

Mailing Address _____ Apt # _____ Federal ID # or Social Security # _____

City _____ State _____ Zip _____ Driver's License # _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail Address _____

T-shirt Size: S M L XL XXL Jacket Size: S M L XL XXL

Driver's Occupation/Position _____ Business Name _____

Vehicle Color _____ Year _____ Body _____ Make _____

Engine Year _____ Make _____ CI/CC _____

Sponsors _____

Racer's Accomplishments _____

Spouse's Name & Work Number _____ (_____) _____

Emergency Name & Number _____ (_____) _____

Please check the item that applies:

- I am a new racer. Please issue me a number.
- I want to use my last year's BANDIMERE COMPETITION NUMBER or my NHRA COMPETITION NUMBER. # _____
NHRA class/es issued _____ Expiration _____

Please note: We encourage you to get an NHRA membership for the extra insurance coverage provided. If you have an NHRA competition number, we will allow you to register that number, however if it is not an E.T. competition number you may have to put an "X" after your number when running the E.T. Series.

Registration Fees - \$40 per class

Please circle the class/es you wish to register in.

Note: Team drivers must be registered at the time of original registration and pay the full registration fee for both drivers.

E.T. Series

Super Pro
Pro E.T.
Run Tuff
Street E.T.
Street Bike
Sport Compact
High School
Trophy/Jackpot

Super Series

Super Comp
Super Gas
Super Street

Fast 16

Fineline 16
Quick 16
Snowmobile
King Street
Stick Shift

*Fall Racing

Super Pro
Pro E.T.
Trophy
Senior

*Test and Tune

(*Included with any other class registration.)

Club Clash

Top Street (10.50 – 13.99)
Hot Rod (14.00 & slower)
Club Letter & Name _____

Flathead/Inliners

JR Comp (14 yr-20 yr)

Registered Classes _____ X \$40= \$ _____

NHRA Rulebook _____ X \$ 8= \$ _____

Total \$ _____

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Paid By: cash / check / charge Date _____ Staff Initials _____

Credit Card Number _____

Exp. Date _____ Last 3-digit security code _____

Authorized Signature _____



3051 S ROONEY ROAD MORRISON, CO 80465

Top Copy - Office, 2nd Copy - Tower, 3rd Copy - Racer