



2025 DRIVER APPLICATION

NAME: _____

NICKNAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

BIRTHDAY: _____ AGE: _____

PARENTS NAME IF MINOR: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

IS THIS DRIVER A ROOKIE?: (PLEASE CIRCLE) YES NO

CLASS: (PLEASE CIRCLE) CHASSIS: _____

JR SPRINT RESTRICTED NON-WING STOCK SUPER 600

CAR #: _____ YEARS RACING: _____

SPONSORS:

PLEASE FILL OUT AND MAIL BACK TO:

LRE
PO BOX 294
LEMOORE, CA 93245

OFFICE USE ONLY:

W9: _____ PARENTAL CONSENT: _____ CERTIFIED BIRTH CERTIFICATE: _____