

## 2023 Driver Membership/Entry Form

Car Number	Car Coloi	·	
First Name	MI	Last Name	Birth Date
Address			Phone Number ()
City	State	Zip	CELL Phone Number ()
E-mail			
Tax ID: Social Secu			
Federal ID I		SED IF YOU HAY	/E A BUSINESS NAME)
Car Owner (If different th	an above)		
Address			Phone Number ()
City	State	Zip	CELL Phone Number ()
Tax ID: Social Secu	Number (CAN ONLY BE U		VE A BUSINESS NAME)
	MLRA membership is enclos		
Note: Your MLRA membe points fund and continge		nd you must atter	nd 100% of the current season's events to qualify for the
CREW MEMBERS, RELEASES SPONSOR, OPERATOR, AN CLAIMS, DEMANDS, DAMA AGREE TO ABIDE BY THE RI RESPONSIBLE FOR CONDU	S, WAIVERS, DISCHARGES, ANI ID PROMOTOR, AND THEIR EM GES, CAUSES OF ACTION, OR JLES AND REGULATIONS GOV CT OF CREWS AND FAMILY M DWNERS, AND SPONSORS NA	D CONVENANTS N PLOYEES, OFFICER SUITS OR ANY LO /ERNING THESE EV EMBERS. I AGREE	IMSELF, HIS PERSONAL REPRESENTATIVES, CAR OWNER AND NOT TO SUE MLRA, SERIES SPONSORS, TRACK OWNER, TRACK S, AND REPRESENTATIVES, FROM ALL LIABILITY AND ANY ALL DISSES INCURRED DUE TO PARTICIPATION IN THESE EVENTS. I YENTS AND JUDGES DECISIONS WILL BE FINAL. DRIVERS ARE TO GIVE THE PROMOTER OF THESE EVENTS THE RIGHT TO USE ALL PUBLICITY USES BEFORE, AFTER AND DURING THESE
Driver Signature:			Date: