

2024 Driver Membership/Entry Form

Car Number	Car Color		
First Name	MI	Last Name	Birth Date
Address			Phone Number ()
City	State	Zip	CELL Phone Number ()
E-mail			<u> </u>
Tax ID: Social Securit	(CAN ONLY BE US		/E A BUSINESS NAME)
Car Owner (If different than	above)		
Address			Phone Number ()
City	State	Zip	CELL Phone Number ()
Tax ID: Social Securit Federal ID Nu Payout Checks should be I	mber(CAN ONLY BE U		VE A BUSINESS NAME)
Yes, my 2024 / Rookie of the Y	MLRA membership is enclo: 'ear Contender	sed. One-year	membership is \$150.00.
Note: Your MLRA member points fund and contingen		nd you must atte	end 100% of the current season's events to qualify for the
CREW MEMBERS, RELEASES, SPONSOR, OPERATOR, AND CLAIMS, DEMANDS, DAMAG AGREE TO ABIDE BY THE RU RESPONSIBLE FOR CONDUC	WAIVERS, DISCHARGES, AND PROMOTOR, AND THEIR EM DES, CAUSES OF ACTION, OR LES AND REGULATIONS GO TO CREWS AND FAMILY M WNERS, AND SPONSORS NA	D CONVENANTS APLOYEES, OFFICE SUITS OR ANY L VERNING THESE E AEMBERS. I AGRE	HIMSELF, HIS PERSONAL REPRESENTATIVES, CAR OWNER AND NOT TO SUE MLRA, SERIES SPONSORS, TRACK OWNER, TRACK ERS, AND REPRESENTATIVES, FROM ALL LIABILITY AND ANY ALL OSSES INCURRED DUE TO PARTICIPATION IN THESE EVENTS. I VENTS AND JUDGES DECISIONS WILL BE FINAL. DRIVERS ARE TO GIVE THE PROMOTER OF THESE EVENTS THE RIGHT TO USE DIALL PUBLICITY USES BEFORE, AFTER AND DURING THESE
Driver Signature:			Date: