

Super Cup Stock Car Series

Driver Registration – 2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: (____) - _____ Cell: (____) - _____ Fax: (____) - _____

Age: _____ Date of Birth: _____

Social Security Number: _____ **(Only if receiving Pay-out)**

Drivers License: State: _____ Number: _____

Email: _____

Owner Name: _____

Team Name: _____

Driver Fee: One time annual fee - \$100 per driver

Office Use: Driver Fee paid: \$ _____

NOTE: SCSCS allow competitors 14 years of age and older. In the event that you are under the age of 18, a notarized parental consent form must be completed prior to competing in the series. Contact SCSCS for the form.

Years Racing: _____

Racing Experience: _____

Awards and Accomplishments: _____

Hobbies or interesting fact: _____

Mail Form To: Start to Finish LLC.
P.O. Box 336
Skyland, NC 28776-0336