

Super Cup Stock Car Series

Rookie Program Registration - 2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: (____) - _____

Drivers License: State: _____ Number: _____

Email: _____

Owner Name: _____

Team Name: _____

Age: _____ Date of Birth: _____

Years Racing: _____

Racing Experience: _____

Awards and Accomplishments: _____

Driver must complete registration form and be accepted into the program in order to be eligible for Rookie of the Year Award. The rookie of the year will be selected by a vote of the advisory board. (Honorary Award) Driver must participate in all regular season races.

Signed. _____

Date _____

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