Super Cup Stock Car Series

Rookie Program Registration - 2025

name:				
Address:				
City:				
Ph: ()	_			
Drivers License: State:	Number:			
Email:				
Owner Name:				
Team Name:				
Age: Date of Birth:				
Years Racing:				
Racing Experience:				
Awards and Accomplishments:				
Driver must complete registra for Rookie of the Year Award. board. (Honorary Award) Drive	The rookie of the ye	ar will be selected	by a vote of the adv	
Signed.			Date	

Mail Form To: Super Cup Stock Car Series PO Box 818

Uniontown, PA 15401