

# 2005 CAR REGISTRATION

## CAR & DRIVER INFORMATION SHEET

PLEASE ANSWER ALL  
QUESTIONS...THANKS

CAR DIVISION \_\_\_\_\_

Jacket size \_\_\_\_\_

CAR # \_\_\_\_\_ COLOR \_\_\_\_\_

Sponsors:  
\_\_\_\_\_

DRIVER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Past Awards Received:  
\_\_\_\_\_

AWARDS (Checks) Payable to \_\_\_\_\_

TAX ID Number \_\_\_\_\_

TYPE of Business : ( ) Individual ( ) Partnership  
( ) Corporation

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TOWN \_\_\_\_\_

\$20 - Paid \_\_\_\_\_

NASCAR ID # \_\_\_\_\_

RETURN TO:

IMPORTANT MEDICAL INFO:

ALLERGY \_\_\_\_\_

HOME DOCTOR \_\_\_\_\_

HOME HOSPITAL \_\_\_\_\_

EMERGENCY # \_\_\_\_\_

EMERGENCY CONTACT PERSON:  
\_\_\_\_\_

DO YOU HAVE DENTURES OR PARTIALS \_\_\_\_\_



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