

LACROSSE FAIRGROUNDS SPEEDWAY

DRIVER INFO / ANNOUNCER / MEDIA FORM

DIVISION _____ (Fill Out Separate Form For Each Div. you are Racing in)

CAR # _____ YEAR _____ MAKE _____ MODEL _____

NAME _____ (L. Name Pronunciation) _____

NICKNAME _____

HOMETOWN _____ STATE _____ CREW CHIEF _____

AGE _____ DATE OF BIRTH _____ MARRIED - ___ YES / ___ NO

SPOUSE'S NAME _____ Twitter Page: @ _____

KIDS' NAMES & AGES _____

Email _____ Phone # _____ Cell ___ / Home _____

RACE TEAM SPONSORS (IN ORDER OF IMPORTANCE)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____ 7. _____

8. _____ 9. _____

RACING ACHIEVEMENTS: _____

MISC. INFORMATION (What the Fans and Media may find interesting about you.): _____

FAX: 608-786-1524* OR MAIL: LACROSSE SPEEDWAY - PO BOX 853 - WEST SALEM, WI 54669

PLEASE RETURN BY FIRST RACE EVNET