



Driver Entry Form

Car Number _____ Car Color _____

Last Name _____ First Name _____ MI _____

Address _____ Phone Number (_____) _____

City _____ State _____ Zip _____ CELL Phone Number (_____) _____

E-mail _____

Tax ID : Social Security Number Federal ID Number _____

Car Owner (If different than above) _____

Address _____ Phone Number (_____) _____

City _____ State _____ Zip _____ CELL Phone Number (_____) _____

Tax ID : Social Security Number Federal ID Number _____

Payout Checks should be made to: _____

_____ Yes, my 2017 MLRA membership is enclosed. One-year membership is \$150.00.

_____ Rookie of the Year Contender

Note: Your MLRA membership must be paid in full and you must attend 80% or more of the current season's events to qualify for the points fund and contingency awards.

BY SIGNING THIS REGISTRATION, THE UNDERSIGNED COMPETITOR, FOR HIMSELF, HIS PERSONAL REPRESENTATIVES, CAR OWNER AND CREW MEMBERS, RELEASES, WAIVERS, DISCHARGES, AND CONVENANTS NOT TO SUE MLRA, SERIES SPONSORS, TRACK OWNER, TRACK SPONSOR, OPERATOR, AND PROMOTOR, AND THEIR EMPLOYEES, OFFICERS, AND REPRESENTATIVES, FROM ALL LIABILITY AND ANY ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION, OR SUITS OR ANY LOSSES INCURRED DUE TO PARTICIPATION IN THESE EVENTS. I AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THESE EVENTS AND JUDGES DECISIONS WILL BE FINAL. DRIVERS ARE RESPONSIBLE FOR CONDUCT OF CREWS AND FAMILY MEMBERS. I AGREE TO GIVE THE PROMOTER OF THESE EVENTS THE RIGHT TO USE MY NAME, PICTURE, CAR OWNERS AND SPONSORS NAME FOR ANY AND ALL PUBLICITY USES BEFORE, AFTER AND DURING THESE EVENTS, IN ANY WAY THEY SEE FIT.

Driver Signature: _____ Date: _____

Make Check Payable to: Lucas Oil MLRA