



P. O. BOX 62, Amherst, NH 03031

OFFICE NO. 603-554-8723

**2018 REGISTRATION FORM FOR THE 4 CYLINDER ENDURO SERIES:** **FEE: \$25.00 PER RACE**  
**OR PRE-PAY 5 RACE SERIES FOR \$100**  
 6/22  7/20  8/31  10/6th & 7th  10/13  ALL 5 RACES:

**PAYOFF INFORMATION:**

Information must be completed for payoff check.

Legal Name on check: \_\_\_\_\_ SS #/Tax I.D. # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNERS INFORMATION:**

**PLEASE PRINT:**

Owner's Name: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Occupation \_\_\_\_\_ Chief Mechanic \_\_\_\_\_

**DRIVER'S INFORMATION: (PLEASE PRINT)**

Driver's Name: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_

Occupation \_\_\_\_\_ Major Sponsor: \_\_\_\_\_

**CAR INFORMATION:** 4 CYLINDER ENDURO Transponder No: \_\_\_\_\_

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Car #: \_\_\_\_\_

DRIVER AND OWNER PARTICIPATION IS REQUIRED IN THE ANNUAL LEE USA SPEEDWAY **BANQUET OF CHAMPIONS 11/17/18**. THE **TOP 5 TEAMS IN ENDURO SERIES ARE REQUIRED TO ATTEND**. FAILURE TO ATTEND THE BANQUET WILL RESULT IN THE LOSS OF ALL LEE AWARDS, PLUS ANY SPECIAL SERIES AWARDS. THE UNDERSIGNED DRIVER AND CAR OWNER AGREE TO ATTEND THE ANNUAL LEE USA SPEEDWAY **BANQUET OF CHAMPIONS**. **NO ONE ELSE CAN PICK UP YOUR TROPHY AND AWARDS AT THE BANQUET.**

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:** Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Approved: \_\_\_\_\_