



PREREGISTRATION FORM

Racer Name

Address

Phone

Car Number

Class

Rig Length

CREW INFORMATION:

Name and Phone Number (1)

Name and Phone Number (2)

Name and Phone Number (3)

Name and Phone Number (4)

Name and Phone Number (5)

Paid by:

Check: Credit Card:

Credit Card Number

Expiration Date

CVV

Please email completed form to:

wcdra@hotmail.com

Or mail to:

P.O Box 760

Clifton, CO 81520