

Event Registration Form
Summer Road Race Series
Thompson Speedway Motorsports Park

Mail to: Attn: Taylor, PO Box 278, Thompson, CT, 06277
Email: ttherrien@thompsons Speedway.com *Phone:* (860) 923-2280

Registrant Information

Name: _____ Date: _____
Last First MI

Street: _____ Town: _____ State _____ Zip _____

Date of birth: _____ Phone: _____

Email: _____

Competition Lic. Org: _____ Lic. Number: _____ Exp. Date: _____

Car Information:

Make: _____ Model: _____ Color: _____

Car Number: _____ / _____ / _____ Transponder #: _____

Group (Small Bore, Big Bore or Open Wheel): _____ Class: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____ At the track: _____

Crew:

Name: _____ Name: _____

Name: _____ Name: _____

Driver Signature: _____ Date: _____

Registration Fee: \$200.00 \$250.00 with garage

Payment methods accepted: Cash, credit card, or checks made payable to Thompson International Speedway LLC

Registration Fee paid on: _____ **Payment Method:** _____

Card # _____ **Type:** _____

Exp Date: _____ **Sec Code:** _____ **Billing Zip:** _____