				FOR OFFICE USE:
	Date	Entered	W9	Int
	THE THE THE THE AT CONTACT AT CONTACT CO			
	13500 Raceway Blvd. Bake (661) 835-12			
20	19 VEHICLE REGISTRAT	ION APPLICATIO	N	

MUST COMPLETE AND SIGN APPLICATION

Any vehicle competing at Kern County Raceway Park must have a complete and current signed Vehicle Registration Application on file. Please complete a separate application for each division you are registering (single payment is acceptable)

All numbers are available on a first come first serve basis, after the previous season's renewal period has ended. If you race multiple vehicles or divisions, you must submit a registration application for each vehicle. All minors must have a signed minors release form on file.

NOTE: You may only register a ONE or TWO digit vehicle number. Three-digit vehicle numbers are **NOT PERMITTED**.

\$25/ VEHICLE FOR ALL DIVISIONS Registration Fee: Division: VEHICLE NUMBER: (select three) First Choice: _____ Second Choice: _____ Third Choice: _____ Make Checks Payable to: Kern County Raceway Park 13500 Raceway Blvd Bakersfield, CA 93311 Are you a Rookie (First year racing in this division)? [] YES []NO **Primary Driver** Hometown Email Address Alternate Driver <u>Hometown</u> Email Address

By initialing this form you authorize Kern County Raceway Park to release your information to local media. Initials: _____

Please continue to page two

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	State: Zip:	
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PONSORS ist, with primary sponsors first)		
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FOR OFFICE USE ONLY								
PAID \$	CHECK#	REC#	MC/VISA/CASH	DATE:	BY			