



AMERICAN SMALL CAR SERIES

1141 S 83rd East Ave

Tulsa, OK 74112

918-838-3777 918-836-5517 Fax

www.ascs2racing.com

2008 DRIVER REGISTRATION

Car # _____ Class _____ EMail _____

Driver: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

City/State: _____ Zip: _____ Work Phone: (____) _____

Social Security #: _____ Cell #: (____) _____

(Beneficiary MANDATORY)

Occupation: _____ Beneficiary Name: _____ Jacket Size: _____

Years Racing: _____ Chassis: _____ Engine: _____

Career Highlights: _____

Sponsors: _____

Tax Authorization

I certify that the person listed above has supplied a valid Social Security/Taxpayer Identification Number for the purpose of issuance of form 1099. If the person listed above is not to receive the 1099, the owner information below must be complete with a valid SSN/Federal ID # and the following box initialed.

Dad or Crew Chief: _____ Cell Phone: _____

Owner: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

City/State: _____ Zip: _____ Work Phone: (____) _____

Social Security #: _____ Fax #: (____) _____

Occupation: _____ Wife's Name: _____ Jacket Size: _____