



2020 SUNSET SPEEDWAY DRIVER REGISTRATION

() JR. LATE MODEL () BONE STOCK

CAR NO: 1ST CHOICE _____ 2ND CHOICE _____

CAR MAKE: _____ MODEL: _____ YEAR: _____

APPLICANT: _____

ADDRESS: _____

CITY _____ POSTAL CODE _____

PHONE NO: _____ CELL NO: _____

EMAIL ADDRESS: _____

DRIVERS LICENCE NO: _____

ONTARIO HEALTH CARD NO: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NO: _____



NWAAS LICENCE NO: _____ TRANSPONDER NO: _____

FOR OFFICE USE ONLY

NUMBER REGISTRATION RECEIVED BY: _____
DATE: _____

INVOICE AMT: _____

INVOICE NO: _____



