



## 2015 CANADIAN SPRINT CAR NATIONALS REGISTRATION

APPLICANT INFORMATION			
Name:			
Date of birth: (MM/DD/YY)	Phone:	Alt Phone:	
Current address:			
City:	Prov/State:	Postal/Zip:	
Email:		Birthplace:	
CAR INFORMATION			
<i>(Please circle)</i> Corr/Pak ESS PST SOS NRA SOD Other			Engine Builder:
Colours:		Chassis:	
Sponsors:			
Preferred Number:			
EMERGENCY CONTACT			
Name of Emergency Contact 1:		Relationship:	
Phone:	Alt Phone:		
Name of Emergency Contact 2:		Relationship:	
Phone:	Alt Phone:		
OWNER'S INFORMATION <i>(IF DIFFERENT THEN APPLICANT)</i>			
Name:		Phone:	
Address:		Alt Phone:	
City:	Prov/State:	Postal/Zip:	
Email:			
OFFICE USE ONLY			
Paid:	Amount Paid:	Received by:	Date Completed:
SIGNATURE			
I authorize the information provided on this form.			
Signature of applicant:			Date:

**Registration for the 2015 CSCN is \$50 prior to Sept 11, 2015 and \$100 after or day of the event.**

Return Signed and Completed Application with Fee to:

**Ohsweken Speedway**  
 Attn: Lorraine Pedersen  
 1987 Chiefswood Rd.  
 Ohsweken, Ontario  
 NOA 1M0  
 Email: lorraine@Ohswekenspeedway.com

