GO-DERBY ENTRY FORM

Derby Location: _____

Please Select One Class:

[ ] LIMITED WELD [ ] LW COMPACT [ ] FW COMPACT
[ ] FULL WELD [ ] MOTOR HOME [ ] TRUCK

DRIVER'S NAME (*PLEASE* print clearly!)_____

CAR #:_____ PHONE #:_____ AGE:_____

CAR MAKE & MODEL:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

SPONSORS: (*PLEASE write to announcer can read!)* *CITY AND STATE*

_____

_____

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_____

For office use:
Paid? _____ Place in Heat:_____ Place in Consi:_____ Place in Main:_____