

|  |
| --- |
| Approved Car #  |

 **VCTS 2024 Registration**

 **THIS FORM MUST BE FILLED OUT BEFORE ALLOWED TO RACE**

**\_\_\_\_$35 - Per Single Race**

 \_\_\_\_\_\_\_ $150 SEASON \_\_\_\_\_\_$175 after April 1st

\_\_\_\_ Running D&J Sales B4 Miniseries \_\_\_ Running for ROOKIE of the YEAR

\_\_\_\_Running for Senior Championship \_\_\_\_King of the High Banks

***You MUST pay the $150 in one payment to get season registration price if not, it is a per race basis.***

Car #: 1st Choice \_\_\_\_\_\_ 2nd Choice \_\_\_\_\_\_ 3rd Choice \_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DRIVER'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/Fed I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

 **Emergency Name & Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Primary Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TAX INFORMATION FOR EARNINGS AND 1099 FORM IF DIFFERENT THAN ABOVE**

 **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/Fed I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

\*If the driver is under 18 years of age, the driver MUST have a minor participant form on file which must be signed by both parents and/or a legal guardian. Minor Participant Form MUST be on file BEFORE any minor can drive with Vores Compact Touring Series.

I agree to purchase a pit pass and competitor insurance before entering the pit area or engaging in competition and in consideration of the foregoing. I do hereby release, remise, and forever discharge VCTS, and all officers, directors, agents, employees, the owners, and leases of premised of which events are conducted, the owners, sponsors, and manufacturers of all racing equipment upon the premises, from all liability claims. Actions and possible cause of action whatsoever that may occur to me or my heirs, next of kin, and personal representatives from every and any loss, damage, and injury (including death) that may be sustained by my person and/or property while in route into and out of premises of a sanctioned racing event or any premised where VCTS events are presented.

***I have read and fully understand this waiver and release of liability and indemnity agreement, and I know and understand my signature on this application form operates as a complete release of VCTS, together with its officers. Directors, officials,***

***representatives, agents, sponsors, and employees from any and all liability, including negligence, and I freely and willingly consent to this waiver and release of liability and indemnity agreement. No refund unless event is canceled for single race registrations.***

***By signing this registration form below, you are acknowledging you have read and fully understand VCTS rules, and you are 100% legal and understand the penalties if you are not.***

**Driver Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THIS AREA FOR VCTS USE ONLY PLEASE***

Date Paid: \_\_/\_\_/\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_ CC/Debit: \_\_\_\_ MO#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_