

2018 Number Registration & Contract

Number Registratio					
Reserved Parking:	\$50(reser	ved parking not good f	or specials)		
IMCA License					
Total					
Complete this form			erokee St, Alta, IA	51002	
Make checks payab	ole to: Black Widow	v Enterprises			
CLASS	Car #	email:			
DRIVER					
First Name	Last	Name	Middle	SS#	
HOME TOWN		Last Name Middle SS# ROOKIE: Yes / No			
ADDRESS		CITY	STATE	ZIP	
HOME PHONE		CELL PHONE			
DRIVERS HEALTH	INS. CO			ZIP GROUP	
BENEFICIARY STATEM	IENT: I HEREBY DESI	GNATE AND NAME AS	MY BENEFICIARY MY	:	
SPOUSE CHILDREI	N PARENTS				
OTHER NAMES		RELATIONSHIP			
The person who ge					
First Name ADDRESS	Last Name_		Middle SS;	#	
ADDRESS		CITY	STATE	ZIP	
AGREEMENT					
				ceived as a result of my activities at	
Buena Vista Raceway, inclu employee, servant or agent				hholding taxes. I am not an	
CONSIDERATION AND CONSIDERATIO				polication and payment of	
registration, the undersigne	d agrees to abide by all th	e rules and regulations of B	uena Vista Raceway as to	conduct and mechanical	
				he public and Buena Vista Raceway	
humanly possible.	es and conducts the event	s, and agrees to compete ir	all events for which he ma	ay be qualified or assigned if	
BREACH AND DAMAGE:			t. He or she shall be liable	for actual and liquidated damages	
sustained by Buena Vista R			uill be entitled to the benefi	to of the Competitor Assident	
				ts of the Competitor Accident tresult of external, violent and	
				f Buena Vista Raceway for such	
injuries occurring to me in a					
				/herself and car for publicity, connection with events, and	
				yed admission of images and audio	
broadcasts.					
				agreement or same, shall be ndersigned agreement to accept the	
decisions rendered by such	0		i visia naceway, and the u	nacionarieu agreentent to accept the	
BY MY SIGNATURE BE				HIS AGREEMENT	
I AGREE TO ABIDE BY RACEWAY.					

DATE:_____SIGNATURE:_____