



PO Box 1903 • Muskogee, OK 74402 • 918-687-9200 • Fax 918-687-9203

**PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY!**

*NOTE: OMS will not be responsible for any inaccurate or incomplete information. Such as wrong Address, incomplete tax information or no jacket size. Driver cannot be paid until information is complete, including SSN#.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN# \_\_\_\_\_ Main Phone: \_\_\_\_\_

Cell / Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Preferred Car # \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_ Jacket Size \_\_\_\_\_

<b><u>Division you are Racing, Please Circle:</u></b>			
Late Model	Modified	360 - Modified	
Pure Stock	Factory Stock	Grand National	Other _____

Home Track \_\_\_\_\_ Total years of racing \_\_\_\_\_

Years raced in this division? \_\_\_\_\_ Other divisions you have raced: \_\_\_\_\_

**Pay Information.** Person receiving pay (or 1099) if different than driver please fill out below.

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

SSN# \_\_\_\_\_ Phone: \_\_\_\_\_

*By signing below, I state that all the above information is accurate and complete. I understand that by participating in a racing event it is considered a dangerous activity. I have also read, understood all rules, insurance requirements and regulations.*

Driver Signature \_\_\_\_\_

Please include any medical, other important or useful information on a separate sheet of paper. (2011)