DRIVER RESUME & INFORMATION FORM

Please type or print in black ink on this form & return via mail to: 2359 Hwy 70 SE, #110 Hickory, NC 286021

DATE:_____

DRIVERS NAME: _____

ADDRESS:_____

CITY_____STATE_____ZIP_____

PHONE: Day_____Night_____Fax_____Cell_____

Social Security #: _____Drivers License #:_____State_____

RACING EDUCATION

Dates Accomplishments Contacts (Optional)

1.

2.

3.

DRIVING/RACING REFERENCES

1.

2.

3.

RACING EXPERIENCE

RACE DATE	TRACK NAME_	TRACK SIZE	TRACK TYPE *	TRACK PHONE NO.	SERIES/ CLASS	START & FINISH or DNQ	CAR OWNER
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_