



Please Print Inex License # _____
2023 Legends Driver Information

Driver's Name: _____ Car Number: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

E-Mail Address: _____

Social Security #: _____ Driver's License #: _____

Driver's Birthdate: _____ Driver's Occupation: _____

In Case of Emergency Contact Person's Name : _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Briefly list any medical conditions we should know about, in case of an emergency.
Such as allergic to bees, diabetes, heart condition or allergies to any medications.

If so, is there any special procedures necessary for treatment:

Car Make /Model: _____

Body Supplier: _____ Chassis Builder: _____

Engine Type & Builder: _____

Crew Chief: _____

Sponsors: _____

Accomplishments - Such as Track Championships, Rookie of the year, etc:

Years Racing: _____ Are you running for Rookie of the Year: _____

**Please Note that if you earn over \$600.00 in winnings you will receive a 1099. These will be mailed by January 31st of the following year. Who should receive the 1099?
Please Note that all purses paid by check will be made out to person noted below.**

Driver: _____ Truck Owner: _____ Other: _____

Name: _____ SS Number/FID Number: _____

Address: _____

**Please sign below verifying that all information you have listed above is correct.
No one under 12 years of age will be eligible to compete in the Southeast Super Truck Series.
If you are 12-18 years of age, you must have appropriate parental consent forms signed by parents/guardians. See Series Administrator for forms. Must have qualified references to be eligible to participate.**

Signature: _____ Date: _____