

# 2011 Canadian Fall Shootout Pre-Registration Form

DRIVER'S NAME \_\_\_\_\_

CLASS (Please Check) Late Model \_\_\_\_\_ Modified \_\_\_\_\_ Comp 4 \_\_\_\_\_

CAR NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ Apt. \_\_\_\_\_

CITY \_\_\_\_\_ Prov/State \_\_\_\_\_

POSTAL/ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please make a copy and return to [anne@southbuxtonraceway.com](mailto:anne@southbuxtonraceway.com)