

**2017 Port Jervis Soap Box Derby
Local Race Registration Form**

Please Circle One: **Stock** **Super Stock** **Masters** **Super Kids**

Driver Name: _____ **Age** _____ **DOB** _____

Parent/Guardian Name _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone _____ **Cell** _____ **Work** _____

Email _____ **Alternate Email** _____

Driver's School Name _____ **Expected Year of Graduation** _____

This is my _____ **year as a driver (first, second, third, etc)**

Car being driven/Sponsor Name _____

Sponsor Email _____

Driver Shirt Size: (Circle One): **YOUTH:** **S** **M** **L** **XL** **ADULT:** **S** **M** **L** **XL**

For PJSBD Use Only

Registration Fee: **PAID** **Paid by:** _____

Method of Payment: **Cash** **CC** **Check #** _____ **Date** _____

NOTES: _____