

JECO Motorsports

Entry Application Form

Date _____

Name _____

Address _____

City	State	Post Code
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Home phone number _____

Work phone number _____

Mobile phone number _____

Fax number _____

Credit card number _____ - _____ - _____ - _____ Exp ____ - ____

Name on credit card _____

There is a printed number on the back of your credit card on the signature line.

Would you give us the last three digits of that number. _____

Birth date _____

Height _____ Weight _____

Physical condition _____

When did you see your first stock car race at a race track ? _____

How many times have you been to a stock car race ? _____

Have you ever raced before ? _____

When ? _____

What type of car ? _____

How well did you run ? _____

Have you ever crewed on a stock car ? _____

What type of race car was it ? _____

If you get your license would you like to compete
with your own car ? Y N (circle one)

If you won the lottery what type
of car would you race ? _____

Would you make a career of driving a race car? _____

What type of drag race car are you interested in? _____

I agree to participate in the Driver Development Program with JECO
Motorsports and agree to the terms of the liability waiver.

Name (print) _____

Signature _____ Date _____

Please fill out the form completely and return it to JECO Motorsports. If you
don't have a credit card please include your deposit with this form.