



Auto City Speedway

2008 Registration Form

Car Class _____ # _____

Date _____ Paid \$ _____ cash ck# _____

This form may be copied. Please fill out bottom of this form in it entirety. Each car **MUST BE REGISTERED** to either the owner or driver for tax purposes. No monies will be paid until we have this information. **Any registrations received before April 1st 2008 will receive a \$10.00 discount on every card purchased and \$25.00 discount on slabs.**

Purchase Early and Save Big !!!!

ACSS,,MODIFIEDS, SPORTSMEN- \$60./Driver \$45. -

FACTORY STOCK, LED SLEDS, THUNDER TRUCKS , HORNET, AC8's(figure 8"s)* \$45./Driver* \$40.

(Circle One)

CAR (MANDATORY).....	\$60./*45	QTY _____	TOTAL _____
DRIVER/OWNER.....	\$45./*40	QTY _____	TOTAL _____
MECHANICS/RACERETTE'....	\$35.00	QTY _____	TOTAL _____
PIT SLAB FEE.....	\$175.00	QTY _____ SLAB # _____	TOTAL _____

Return Ck. Fee-\$25.00 for any check return from the bank

TOTAL PAYMENT _____

Check # _____

ALL REPLACEMENT CARDS COST \$10.00 NO EXCEPTIONS

Car registration is mandatory. Driver, Owner, and Mechanic cards are optional, but you must have one for any association benefits like member pit pass prices. Racerette cards are not association member cards, and can be used for discount tickets only. Cards will be held at the main gate for pick-up on opening day. The Auto City Racing Club (ACRC) form must be filled out by everyone, except Racerette. Pit Slabs preference will be given to last years occupants if paid before April 1st. All slabs along the pit entrance road off turn 3 & 4 are held for Speedway use and Traveling shows and/or one night rental only. (\$10.00 per night) when available. We expect slabs to sell out. You must have a registered car to rent a Pit Slab.

**PLEASE FILL OUT (LEGIBLY) INFORMATION BELOW AND RETURN TO AUTO CITY SPEEDWAY
10205 N. SAGINAW ST. CLIO, MI. 48420 OR DROP OFF AT SPEEDWAY OFFICE M-F 10AM -4PM
PHONE # 810-686-9500**

DIVISION _____ CAR # _____

PERSON OR BUSINESS THAT 1099 SHOULD BE SENT TO DRIVER _____ OWNER _____

NAME _____ TAX ID OR SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ E-MAIL _____

DRIVER'S LICENSE # _____ DATE OF BIRTH _____

EMPLOYMENT _____ CAR INFORMATION

DO YOU HAVE INSURANCE? _____ YEAR _____ MAKE _____

NAME OF INSURANCE _____ MODEL _____