



**PROWERS COUNTY MOTORSPORTS PARK**

Email: [pcmp@comcast.net](mailto:pcmp@comcast.net), Web Site: [www.pcmp.org](http://www.pcmp.org)  
Check the web site for latest updates and information.

**1-719-691-5312** All Drivers must register.

**2011 DRIVER REGISTRATION/INFORMATION**

**For IMCA Hobby Stock Extravaganza**

**IMCA LICENSE IS REQUIRED**

(Please PRINT CLEARLY)

Class \_\_\_\_\_ Car Year \_\_\_\_\_ Make \_\_\_\_\_ Car Number \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_

Phone: Mobile (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Sponsors: \_\_\_\_\_

**Fees:**

**55.00 ENTRY FEE**

**\$ \_\_\_\_\_**

- 1 I will abide by all rules, regulations and code of conduct set forth by PCMP.**
- 2. I have read and understand the complete PCMP rules, regulations and code of conduct.**
- 3 I will agree to abide by all decisions made by the Board of Directors of PCMP.
- 4 I understand and am willing to accept the risk of injury or death in the sport of auto racing/Demo Derby.
- 5 I will hold High Plains Motorsports Development Inc. DBA PCMP and its' Board of Directors harmless in the case of an injury incurred at Prowers County Mototrspots Park.
- 6 I hereby authorize PCMP to use any pictures, descriptions or accounts of any activities or events for publicity purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Checks payable to PCMP / Prowers County Motorsports Park. (Returned check charged \$25.00)

**\*If under the age of 18 on April 15, 2011 you must have a PCMP Minor's Release form on file.**