



2021 Alien Motor Speedway Driver Registration Form

Driver Name:

Driver SSN#: ____/____/____ DOB: ____/____/____

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*****OWNER'S INFORMATION IF DIFFERENT THAN DRIVER*****

Owner Name:

Owner SSN#: _____ DOB: ____/____/____

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please Circle Class:

305 Sprints USRA Modifieds USRA B-Mods USRA Lim Mods USRA Stock Cars

USRA Hobby Stocks WTR Street Stocks Super Trucks Legends Bombers/Cruisers

Jr Cyclones

Rookie Driver? YES / NO

Car Number: _____(First Choice) _____(Second Choice)

By Signing below, I will abide by the Alien Motor Speedway Rules and procedures.

- I will not hold AMS owner or any track officials responsible for any personal damage or damage to my vehicle(s).
- I understand that at any time I can be tested for Drugs or given a Breathalyzer and that refusal of this may result in Disqualification with no pay or points.

I understand that the AMS social media policy that if someone chooses to Bash or belittle or downgrade the facility, attack owners, or officials in such a way that we deem rude, insulting or inflammatory thru any social media venue, AMS will reserve the right to suspend the person or persons involved.

Driver's Signature: _____ Date: _____

Make Check's payable to Alien Motor Speedway- \$20 per car

Paypal: Kyosorev@gmail.com/Hooraweventcenter@gmail.com