



Return Completed Form to:

Route 66 Raceway  
Attn: Race Control  
500 Speedway Blvd.  
Joliet, IL 60433

Or Fax to: (815) 722-3044

\*May drop off at the South Campus Office Building during business hours Mon.-Fri. 8:30am-5:00pm.

**JUNIOR RACER REGISTRATION**  
**NHRA Jr. Drag Racing League**

CLASS:  Sportsman  Modified DATE \_\_\_\_\_ 2020  
*Check appropriate box above*

NHRA Competition # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NHRA Membership # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Drivers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size \_\_\_\_\_ Jacket size: \_\_\_\_\_  
specify child or adult specify child or adult

Year and Make of Car: \_\_\_\_\_ Year and Make of engine: \_\_\_\_\_

Car Owner Name: \_\_\_\_\_

Car Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Sponsorship Information: \_\_\_\_\_

Racing Accomplishments: \_\_\_\_\_

**Medical Information:**

Emergency Contact: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_