

**DRIVER INFORMATION FORM**

Please fill in your information in the designated lines below. Sign and return to: [series@exoticsracing.com](mailto:series@exoticsracing.com)

Last name \_\_\_\_\_ First name \_\_\_\_\_  Female  Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Profession \_\_\_\_\_ Company \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Country \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe size \_\_\_\_\_ Helmet size \_\_\_\_\_

I have Racing Gear  Yes  No I have a Racing License  Yes  No

Sanctioning Body / Grade \_\_\_\_\_ License Number \_\_\_\_\_

Sponsors \_\_\_\_\_ Team Name \_\_\_\_\_

Road Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Previous Racing Experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

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

Bringing guest  Yes  No # of guests \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_