



Track \_\_\_\_\_ Date \_\_\_\_\_  
CAR# \_\_\_\_\_

Print Driver Name: \_\_\_\_\_

Print Car Owner: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Person that will receive 1099 for ALL earnings \*A W9 must be on file prior to receiving any money!

### Entry Fee:

ICAR Member \$20.00

NON Member \$75.00

Check Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

I hereby agree to abide by all ICAR and Track rules and regulations. . I agree to run ICAR Sponsor decals in the designated area on the racecar or forfeit 50% of purse. I hereby give ICAR the right to use pictures of myself, or my racecar for promotional purposes. I agree to have all tax forms on file with ICAR If your car is found to be in rule infraction you will return all prize money in 7 days.

WAIVER: I understand that racing is a dangerous activity and could result in bodily injury and/or death. I assume all risks associated with being at a race venue. I, for myself, and for anyone entitled to act on my behalf, waive and release International Championship Auto Racing LLC and the Race Track hosting the event along with their owners, promoters, officials, sponsors and their representatives for all claims or liabilities of any kind arising out of my participations in this event.

X \_\_\_\_\_  
Owner Signature – By signing above you agree to the above paragraphs!

**Print this form and mail it back with payment to:**

ICAR  
5245 CR 28.  
Butler, IN 46721