

# FRIDAY Application for 2010 Pit License



Please accept my application for a Pit License at Bridgeport Speedway. If accepted, I agree to obey and be bound by all rules, regulations and requirements and will, to the best of my ability, support all the activities of Bridgeport Speedway.

## 2010 Complete Application in Full (PLEASE TYPE OR PRINT LEGIBLY)

Please Check:                     Male                     Driver                     Micros  
     Female                     Owner                     4 Cyl  
     Mechanic

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 BUSINESS/OCCUPATION: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
 DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_  
 RACE CAR NO.: \_\_\_\_\_ CAR OWNER: \_\_\_\_\_

NJ Motor Vehicle Code: In affixing his or her signature, signer states that he or she is 16 year of age or older.

BENEFICIARY NAME- FIRST, MIDDLE INITIAL & LAST	RELATIONSHIP

I the undersigned agree that I will make no claim nor file any action/actions against the owners or employees of the said Bridgeport Speeway. By applying for registration into Bridgeport Speedway, I hereby agree to refrain from any types of public demonstrations, public picketing or vocal airing of grievances in public on the day of the scheduled sanctioned event at the Speedway. All those who fail to adhere the above will be dealt with according to the law and face immediate forfeiture of the Bridgeport Speedway registration.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Registration Fee is \$75.00 for any class above automotive equipment and must be paid at the time of application. The right is reserved by track management to refuse any applicant and return the fee without showing cause. Make check payable to Bridgeport Speedway and mail application to; Bridgeport Speedway, 16244 Sycamore Rd., Laurel, DE 19956. 856-467-4408 or 302-875-4196

### IF YOU LOSE PIT LICENSE CARD YOU MUST PAY \$75.00 FOR REPLACEMENT

FOR OFFICE USE	Date: _____
Check #: _____	
Received By: _____	

FOR OFFICE USE
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