

**2011 Midwest Open Wheel Association  
DRIVER REGISTRATION**

**Drivers, Crew, and Other Members \$75(Before April 3<sup>rd</sup>), After April 3<sup>rd</sup>, 2011 \$100  
(Includes Insurance Policy)**

**PLEASE SEND A Photos of car if possible**

**Car # \_\_\_\_\_ eMail \_\_\_\_\_**

**Driver: \_\_\_\_\_**

**Birth Date: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Home Phone: (\_\_\_\_) \_\_\_\_\_**

**City/State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Work Phone: (\_\_\_\_) \_\_\_\_\_**

**Social Security #: \_\_\_\_\_**

**Cell #: (\_\_\_\_) \_\_\_\_\_**

**Occupation: \_\_\_\_\_**

**(Beneficiary MANDATORY)**

**Beneficiary Name: \_\_\_\_\_**

**Years Racing: \_\_\_\_\_ Chassis: \_\_\_\_\_**

**Engine: \_\_\_\_\_**

**Career**

**Highlights: \_\_\_\_\_**

**Sponsors:**

**Tax Authorization**

**I certify that the person listed above has supplied a valid Social Security/Taxpayer Identification Number for the purpose of issuance of form 1099. If the person listed above is not to receive the 1099, the owner information below must be complete with a valid SSN/Federal ID # and the following box initialed.**

**Owner: \_\_\_\_\_**

**Birth Date: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Home Phone: (\_\_\_\_) \_\_\_\_\_**

**City/State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Work Phone: (\_\_\_\_) \_\_\_\_\_**

**Social Security #: \_\_\_\_\_**

**Fax #: (\_\_\_\_) \_\_\_\_\_**

**Occupation: \_\_\_\_\_ Wife's Name: \_\_\_\_\_**

**Please Make checks Payable to: Midwest Open Wheel Association**

**For now you can send checks to**

**Standridge Motorsports  
2365 Cincinnati Ave.  
Springfield, IL 62702**

