



6 BIRCH STREET – WOODRUFF, SOUTH CAROLINA 29388
(864) 871-1442 – kelcarms@gmail.com

2019 MEMBERSHIP FORM

PLEASE PRINT LEGIBLY

Driver Name: _____

Mailing Address: _____

Shipping Address: _____

Phone Number(s): _____

Car Owner Name (if different than driver): _____

Social Security or Fed TIN # _____

(Required for tax purposes – please use whoever will handle tax filing of winnings)

Car # _____ Make: _____ Color: _____

Sponsors: _____

Home Track(s): _____ Shirt Size: _____ Jacket Size: _____

My signature below indicates that I will abide by all SCDRA event rules and rulings. Racing is a dangerous activity that all participants enter at their own risk. Also my signature indicates that I understand this fact and will enter at my own risk and will hold harmless Kelley Carlton DBA KELCAR Motorsports et al SCDRA and other intellectually owned entities.

Printed Name: _____ Witness Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

**MEMBERSHIP DUES for 2019 are \$40 – PLEASE MAKE CHECKS PAYABLE TO: [Kelley Carlton](#)
Mail to: 6 Birch Street – Woodruff, SC 29388**