



**WINTER FREEZE VII – FEB 16-18, 2017
Renegade 4 Battle Royale Entry Blank**

Driver Name: _____ Car # _____

Hometown: _____ Years Racing: _____

Make / Model of Car: _____ Color: _____

Sponsors: _____

BELOW INFORMATION IS FOR TAX COMPLIANCE PURPOSES – MUST BE COMPLETE AND LEGIBLE

Car Owner: _____

Address: _____

E-mail: _____ SS # or Fed Tax ID # _____

Phone: _____ Alt. Phone: _____

Signature: _____

MAKE CHECKS PAYABLE TO: Screven Motor Speedway

MAIL TO:

Screven Motor Speedway - 1992 Georgia Highway 21 - Springfield, GA 31329

MUST BE POSTMARKED BY FEBRUARY 1, 2017

