



Below is the registration/Insurance form **for A Drivers** ASCS Northwest Region Membership.

- Your ASCS Northwest Region Membership **will include** your ASCS National Membership.
- Your ASCS Northwest Region Membership **will include** an insurance policy from North American Racing Insurance.
- All drivers & crew members with membership will be charged a maximum \$25 for pit passes at region/national ASCS shows (unless otherwise stated.)
- Drivers must be members and competing in at least 85% of region events, in good standing of ASCS/ASCS Northwest and be present at ASCS Northwest Region annual awards banquet in order to qualify for point fund money.

Drivers memberships will cost \$150 per year, an insurance policy from K&K Racing Insurance will be issued to each paid member, Account Policy # KPX-3263600, \$5,000 accidental death & dismemberment, \$50,000 medical accident (with \$10,000 deductible or any available track insurance, whichever is higher, see policy for details).

**Note: Please send separate forms for each member driver and or owner. 1 Person per form.**

Please print and return forms to register your car number, driver, owner, and team.

**Return completed forms with Check(s) to:**

**ASCS Northwest Region  
422 North First Street  
Shelton, WA 98584**



2009 Driver Registration  
(1 Person per form please)

Primary Region \_\_\_\_\_ Car # \_\_\_\_\_ eMail \_\_\_\_\_

Driver: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
*(Beneficiary MANDATORY)*

Occupation: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

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: \_\_\_\_\_ Jacket Size: \_\_\_\_\_