



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 K&K Racing Insurance.
- All drivers & crew members with membership will be charged a maximum \$30 for pit passes at region/national ASCS shows (unless otherwise stated.)
- Drivers must be members and competing in at least 70% 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:

**Endeavor Promotions
11 Rosewood Court
Shelton, WA 98584**



Driver/Owner 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: _____