





DRIVER INFORMATION

Name:				Date of Birth:	
Address:					
Email Address:					
LAWN TRAC	TOR DESCRIPT			Desired Racing Number(s):	
Base Model nd Modifications:					
EMERGENCY	CONTACT INF	FORMATION			
Name:				Relationship to Driver:	
Phone:				PERSON IS AV	SURE THAT YOUR EMERGENCY CONTACT NARE OF YOUR PARTICIPATION IN THE RACE L BE ACCESSIBLE DURING RACE TIMES.
	CL	ASSES			
		ADULT ENTRY (18+)	\$25		
		YOUTH ENTRY (12-17)	\$25		
	CA	MPING			
		PER TEAM	\$30		
		тотл	AL FEES		

MAIL REGISTRATION(S) TO:

10225 MAURAEN DR, PRINCE GEORGE BC V2N 5B8

with cheque payable to Wallace Educational Consulting Inc.

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EMAIL REGISTRATION(S) TO:

WallaceTutoringPG@gmail.com

e-transfer payment also to WallaceTutoringPG@gmail.com

FOR ANY QUESTIONS OR CONCERNS: