



**PARTICIPANT/CREW CHIEF LICENSE APPLICATION**

**MUST HAVE COMPLETED APPLICATION FOR BOTH DRIVER AND CREW CHIEF**

**Each Driver and Crew Chief must possess a Southeast Super Stocks License before being eligible to compete in any Series event.** By signing below, I acknowledge I have read, understood and voluntarily signed this application. I agree to abide by the current rules and regulations of the Southeast Super Stocks Series and as they may be amended from time to time. I understand and agree to accept and all penalties, suspensions and decisions against me by Officials and the Southeast Super Stocks Series. I understand that all Southeast Super Stocks Official's decisions are final, with no recourse or appeal. I understand that no prize money or points will be awarded without Southeast Super Stocks License. I understand Southeast Super Stocks Series License fees are non-refundable. I understand this license may be revoked at any time by Southeast Super Stocks Series.

Applicant's Name \_\_\_\_\_ Car # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Drivers' License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2016 LICENSE FEES: \$75.00 DRIVER/\$50.00 CREW CHIEF**

\$75.00 \_\_\_\_\_ Driver  
\$50.00 \_\_\_\_\_ Crew Chief

*You must provide a valid Drivers License or Social Security Card*

*No one under 13 years of age will be eligible to compete in the Southeast Super Truck Series.*

*If you are 13-18 years of age, you must have appropriate parental consent forms signed by both parents/guardians. See Series Administrator for forms.*

*Must have qualified references to be eligible to participate.*

By signing below, I acknowledge and understand that motorsports racing can be a dangerous sport . I accept full responsibility for injury to myself and release Southeast Super Stocks Series from all liability of any injury and/or property damage.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Participant*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Series Administrator*

**Payment Method** Check # \_\_\_\_\_ Cash \_\_\_\_\_