



Team Registration

PLEASE PRINT YOUR INFORMATION CLEARLY. The information you provide is distributed to the media and used by ACT & Thunder Road internally. Info can be updated in the future if details change. Please mail or fax completed form at your earliest convenience.

Please note: Car numbers are issued by the ACT office. If you do not have confirmation of your number, please leave this space blank. Thank you!

DRIVER'S NAME: _____ DIVISION: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE (DAYS): _____ (EVENINGS): _____

CELL PHONE: _____ E-MAIL: _____

HOMETOWN: _____ STATE: _____ CAR #: _____ (*)

CAR YEAR: _____ MAKE: _____ MODEL: _____

PRIMARY SPONSOR: (LIST ONE): _____

IF SPACE ALLOWS, DO YOU WANT ANOTHER SPONSOR LISTED? IF SO, WHAT NAME?:

CAR OWNER: _____ CREW CHIEF: _____

TEAM MEMBERS: _____

TRACK(S)/SERIES YOU'LL RUN: _____

ALL LATE MODELS MUST COMPLETE RADIO FREQUENCY REQUEST (NO EXCEPTIONS)

LATE MODEL RADIO FREQUENCIES USED:

1. _____ 2. _____ 3. _____ 4. _____

SPOTTER: _____

RETURN TO: ACT REGISTRATION FORM, P.O. BOX 296, WATERBURY, VT 05676

FAX: 802-244-1616 Email : tb@acttour.com