



NESS SUPERMODIFIEDS

2023 TEAM LICENSE/NUMBER REGISTRATION

DATE: _____
(*there will be no duplicate #'s)

DRIVER INFORMATION

NAME: _____

ADDRESS: _____

TEAM E-MAIL: _____

PHONE: DAY _____ **EVENING** _____

DATE OF BIRTH: _____

CAR OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: DAY _____ **EVENING** _____

DATE OF BIRTH: _____ **CAR NUMBER REQUESTED:** _____

PAY CHECK TO: _____

ADDRESS: _____

SOCIAL SECURITY #: _____ **OR EIN #** _____

2023 License: **\$100 US Dollars** (only one license per car is needed)

Please make your check payable and mail to:

PASS Racing, Inc 195 Lakehouse Road, Naples, ME 04055

ENTRY FEES FOR EVENTS WILL BE:

LICENSED: EARLY \$50 LATE \$100

NON LICENSED: EARLY \$125 LATE \$150

OFFICE Use Only

Date Received _____ By: _____ Check #/Cash _____