



## Mid America Modified Series

www.midamericamodifieds.com

PO Box 683  
Bolivar, MO, 65613

Phone 417 399-5756

Fax 417 777-6034  
kevin@dgrpromotions.com

### Driver Information Sheet

Driver Name (As it appears on Social Security Card) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Do You have a Raceciever (mandatory) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Shirt Size \_\_\_\_\_ Jacket Size \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Car Number \_\_\_\_\_ Chassis \_\_\_\_\_ Engine Builder \_\_\_\_\_

Sponsors \_\_\_\_\_

### Federal Information for 1099 Form

Check issued to (As it appears on Social Security Card) \_\_\_\_\_

Social Security # or Federal ID # of this person \_\_\_\_\_

### Mailing Address of Person to Receive Check

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell # \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

IS THERE ANY MEDICAL REASON YOU SHOULD NOT BE RACING? \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE? \_\_\_\_\_

**NO CORRECTIONS CAN BE MADE TO A SPECIFIC CHECK AFTER IT HAS BEEN ISSUED**

**By Signing Below I Certify All Above Information to be Correct**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Any corrections or changes must be brought to Mid America Modified Series Office or Driver Check in Area

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**Open Dirt Modified Racing**