



DRIVER INFORMATION AND RECORD FOR WKA

(Please type or print clearly and return this completed form to the address or fax number listed below)

APPLICANT INFORMATION:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Day _____ Night _____

E-MAIL ADDRESS: _____

BIRTH DATE: _____ GENDER: Male Female HEIGHT: _____ WEIGHT: _____

ETHNICITY: African American Alaskan Native American Indian Asian or Pacific Islander Hispanic

Other (please specify): _____

PARENT/GUARDIAN INFORMATION: (if different from above)

LAST NAME: _____ FIRST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Day _____ Night _____

E-MAIL ADDRESS: _____

REFERENCES THAT CAN ATTEST TO RACING EXPERIENCE:

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

APPLICANT NAME: _____

RACING EXPERIENCE: *(List Most Recent Experience First)*
(THIS FORM MUST BE COMPLETED. DO NOT ATTACH A SEPARATE RESUME)

MONTH: _____ YEAR: _____ TRACK NAME: _____
CITY: _____ STATE: _____ PHONE: _____
NAME OF TRACK STEWARD/OFFICIAL: _____
TRACK TYPE: Paved Oval Dirt Oval Sprint Road Course Other *(please specify):* _____
TRACK LENGTH: _____ SERIES/CLASS: _____ START/FINISH OR DQ: _____

MONTH: _____ YEAR: _____ TRACK NAME: _____
CITY: _____ STATE: _____ PHONE: _____
NAME OF TRACK STEWARD/OFFICIAL: _____
TRACK TYPE: Paved Oval Dirt Oval Sprint Road Course Other *(please specify):* _____
TRACK LENGTH: _____ SERIES/CLASS: _____ START/FINISH OR DQ: _____

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CITY: _____ STATE: _____ PHONE: _____
NAME OF TRACK STEWARD/OFFICIAL: _____
TRACK TYPE: Paved Oval Dirt Oval Sprint Road Course Other *(please specify):* _____
TRACK LENGTH: _____ SERIES/CLASS: _____ START/FINISH OR DQ: _____

APPLICANT NAME: _____

RACING ACCOMPLISHMENTS: *(List Most Recent Accomplishment First)*

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

DATE: _____	ACCOMPLISHMENT: _____
_____	_____
_____	_____

The undersigned represents and warrants that the information contained in this Drive for Diversity Driver Information and Record is accurate and can be verified by written documentation from independent sources, and such written documentation shall be provided to Access Marketing & Communications upon request. Further, the receipt of this resume by Access Marketing & Communications does not constitute approval to compete in WKA-sanctioned events.

Signature

Date

Parent/Guardian Signature
(REQUIRED if applicant is under 18)

Date