



HPR USE ONLY

2012 Lapping Day Participant Information Sheet

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Information for the vehicle you will drive/ride most often

Vehicle Year: _____ Make: _____ Model: _____

Color: _____ Race Number or License Plate Number: _____

In Case of Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

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Please provide any medical information (allergies, chronic conditions, etc) that you feel our medical crew would need to have in the event that you need to be treated while at our facility:

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- I acknowledge that I have read and agree to abide by High Plains Raceway's Lapping Days Policies.
- I acknowledge that it is my responsibility to attend Lapping Day Drivers/Riders meetings as often as necessary to insure that I am fully aware of all track safety rules and regulations.

Signed _____ Date: _____