



2017 Membership Form

Please fill out form completely and enclose with check or money order in the amount of \$100.00 (car and driver) to:

Nostalgia Drag Racing League
 PO Box 734
 Brownsburg, In 46112

Driver Information

- Driver Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone:(day) _____ (night) _____
- Email: _____
- Member T-Shirt Size: _____ (Black or White) _____

Class

(Mark Appropriate box)

PRO 7.0	<input type="checkbox"/>	PRO 7.50	<input type="checkbox"/>
PRO Comp	<input type="checkbox"/>	PRO Gas	<input type="checkbox"/>

PRO Comp/Gas Index: _____

Owner/Car Information

- Car Owner: _____
- Car Name: _____ Number: _____
- Crew Chief: _____
- Year: _____ Make: _____ Model: _____
- Engine: _____ Transmission: _____
- Extra Details: _____