

2019 Demolition Derby Entry Form



DRIVERS NAME: _____	AGE: _____	FEE : \$35.00
ADDRESS: _____	PHONE: _____	
CITY: _____	STATE: _____	ZIP CODE: _____
DRIVER LICENSE #: _____	EXPIRATION DATE: _____	

POWDER PUFF DRIVERS NAME: _____	AGE: _____	FEE : \$35.00
ADDRESS: _____	PHONE: _____	
CITY: _____	STATE: _____	ZIP CODE: _____
DRIVER LICENSE #: _____	EXPIRATION DATE: _____	

TOTAL PAID: _____	DATE: _____
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DEMO DERBY MAIN EVENT?
_____ YES _____ NO

CAR INFORMATION: YEAR _____ CAR #: _____
MAKE _____ MODEL _____

SPONSORS: _____ _____ _____ _____

EMAIL : _____

RELEASE

The undersigned participant in the Races and Demolition Derby to be held at the Walla Walla County Fairgrounds on August 29, 2019 realize that such an event is hazardous. The undersigned releases Walla Walla County, Walla Walla Fair Board of Directors, employees, the event and race officials for any injuries sustained (temporary or permanent) by the undersigned during the course of the races or Demolition Derby. Permission is granted for all vehicles to be searched upon entry to the Pit area by the event staff or their designated representative. By signing below, you are agreeing that you have read and understand the Rules of Racking and Conduct and the Car Rules and failure to comply will mean immediate disqualification and/or dismissal off of the grounds. I hereby acknowledge and accept the above release.

Signature: _____ Date: _____
Driver

Signature: _____ Date: _____
Powder Puff Driver

Signature: _____ Date: _____
PARENT IF DRIVER UNDER 18