



11620 North Lake Houston Parkway
Houston, TX 77044
(281) 458-1972
Fax: 281-504-1292

Email: events@houstonmotorsportspark.com

ECO-STOCK 2014 DRIVER REGISTRATION FORM Registration Fee \$25

Driver's Name: _____

Parent's Name(s) Required If Under Age 18:

Father: _____ Mother: _____ Transponder #: _____

Requested Car #: 1st Choice: _____ 2nd _____ 3rd _____
(NUMBERS ONLY, NO LETTERS)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ - _____ - _____ Work #: _____ - _____ - _____ Cell #: _____ - _____ - _____

Email Address: _____ Currently on HMP Email List (Y/N)? _____

Car Owner's Name: _____

Who Are Checks & 1099 Made Out To: _____

(Required) SSN: _____ - _____ - _____ or Tax ID #: _____

Mailing Address (if different from driver's) _____

City: _____ State: _____ Zip Code: _____

By signing below, I acknowledge that I have read, understand and agree to obey the Houston Motorsports Park Track Rules and the Eco-Stock rules and my signature below also acknowledges that I agree that the vehicle registered above is subject to being purchased for \$1800 by anyone at any time during any event in which the vehicle competes, beginning upon vehicle entering Houston Motorsports Park's property and concluding one hour after Eco-Stock Feature concludes. Possession to transpire after Eco-Stock Feature concludes.

Driver's Signature: _____ Date: _____

If your number was the first of that specific number registered in 2013 and you raced at HMP at least two times during the 2013 season, your number will be guaranteed if this registration form and payment is received by HMP by December 31, 2013. HMP will use numbers only. No alphabetical letters will be allowed. Only one of each number will be allowed per class. No duplicate numbers per class. Numbers may be a maximum of three digits. Example: 01 and 1 are two different car numbers and both will be allowed but 1X will not be allowed.

Please Make Checks Payable to HMP or Enter Credit Card Information Below:
(Mastercard and Visa Only)

Check One: _____ Mastercard _____ Visa Card #: _____

Name on Card: _____ Expiration Date: _____

Zip Code of Billing Address: _____ CCV#(three #'s on back of card): _____