

2012 PIT STALL REGISTRATION FORM



Please return this form with your request and payment of \$100.

Driver's name: _____ Contact phone number: _____

Car Number: _____ Car Class(es): _____

Reservation for: **Friday Race series** _____

Saturday Race series _____

Pit Stall number request location: indicate 1st, 2nd, 3rd choice

1st choice _____ 2nd choice _____ 3rd choice _____

Additional Pit Stall request: (For groups with several cars or pit crew parking)

1st choice _____ 2nd choice _____ 3rd choice _____

Direct payment to: IMPACT Motorsports

Mail to :

Valley Speedway

P.O. Box 641

Grain Valley, MO 64029

For questions:

contact: 816- 349-9893 or 816-349-9283

track owner: Dennis Shrout