



## DERBY REGISTRATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Class of racing: Standard \_\_\_\_\_

Sponsor(s) if applicable \_\_\_\_\_

Car's number if applicable \_\_\_\_\_

Parent's name and phone # \_\_\_\_\_

I understand I will not hold Ron Merkel Cratebox Derby liable for any damage or injuries sustained while participating in this event.

Parent or Guardian's signature if racer is under 18 \_\_\_\_\_

Racer signature if over 18 \_\_\_\_\_

Fee \$15. Make payable to Ron Merkel Cratebox Derby

If mailing registration:

Shelly Skindelien  
19168 Otter Rd  
Spring Valley, MN 55975

Thank you, see you race Day!!!!