



# NEW EGYPT SPEEDWAY 2022 SEASON PASS APPLICATION

SEASON PASS FEE: GRANDSTAND SEASON PASS \$400  
PIT SEASON PASS \$750

Please complete and return with license fee(s) payable to:  
**New Egypt Speedway**, 720 Route 539, New Egypt, NJ 08533  
Office: 609-758-1900 – Fax: 609-758-5950

PLEASE PRINT CLEARLY & LEGIBLY – APPLICATION MUST BE COMPLETE BEFORE LICENSE WILL BE ISSUED

APPLICANTS NAME: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## INSURANCE

Each pit entrant must sign a liability waiver and release form at each ract meet or warm us session. By signing the release form you are authorized to enter the restricted area.

### *FOR OFFICE USE ONLY*

Amount Recieved: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Spot #: \_\_\_\_\_

Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order No: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_