Participant Registration Form

Parkside Demolition Derby

Driver Name: _____ Age:_____

Address: _____ City: _____ Prov.:_____ Postal Code: _____

Phone #'s- Home: _____ Cell: _____

E-mail: _____

How many years have you driven in the Parkside Derby ? _____

Have you ever won the Parkside Derby and, if so, in what year(s)? _____

Vehicle Registration & Fee Schedule

(Check one only. If participants are entering a car and a truck, a form must be filled out for each vehicle)

Classification	Entry Fee
☐ Full Size Car	$100.00
☐ Truck	$100.00

Car/Truck #: _____

Year: _____

Make: _____

Model: _____

Engine Make & CID: _____

* All vehicles are subject to inspection on derby day to ensure they conform to Derby Rules (see rules)
INSPECTION JUDGE DECISIONS WILL BE FINAL – NO EXCEPTIONS!

Driver Signature: _____ Date: _____

Payment Option:

☐ E-transfer (Please send to: parksidederby@hotmail.com)

* If an e-transfer is not possible, please contact (306) 747-9114

Please fill out form and return via e-mail to: derek_olson14@hotmail.com
Or text a quality picture of the completed form to: (306) 747-9114