



2024 FULL SEASON ASSIGNMENT OF PAYMENT FORM

(mail to P.O. Box 1002, Barre, VT 05641)

DATE: _____

DIVISION: _____

CAR#: _____

DRIVER INFORMATION (REQUIRED)

DRIVER LEGAL NAME: _____ DATE OF BIRTH ____/____/____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS E-MAIL ADDRESS _____

PHONE#: DAY (____) _____ NIGHT (____) _____ CELL (____) _____

SIGNATURE _____ DATE ____/____/____

PURSE MONEY PAID TO INFORMATION

PAY PURSE TO: _____ DATE OF BIRTH ____/____/____

SS# OR TAX ID#: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: DAY (____) _____ NIGHT (____) _____ CELL (____) _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE ____/____/____

POINT FUND MONEY PAID TO (if division has a point fund and driver is eligible)

PAY POINT FUND TO: _____ DATE OF BIRTH ____/____/____

SS# OR TAX ID#: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# DAY (____) _____ NIGHT (____) _____ CELL (____) _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE ____/____/____