

FAIR RACER REPORT

RACE _____ DATE _____

DRIVER OF RECORD _____

CO DRIVERS _____

Car # _____

TEAM NAME _____

FINISH POSITION: CLASS _____ OA _____

PIT LOCATION ASSIGNED _____

PIT PERSONNEL (2 REQ'D.) _____

COMMENTS _____

Complete and turn in to Race Mgr. or Race Director at the meeting after each race. If not attending next meeting, E mail dwmassjr@aol.com or fax 714 533-3206.

This information will be used to confirm all requirements are met for each race.

PREPARED BY _____