



Racing Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____Term 10 15 20 30 ____UL

1. Do you hold a competition license? ____ Yes ____ No

2. How many years have you been active in motor sports? _____

3.

a. Type of vehicle: _____

b. Type of race: _____

c. Number of races in the past 12 months: _____

d. Number of races in the past 36 months: _____

e. Number of races anticipated in the next 12 months: _____

f. Type of track / course: _____

g. Location of track / course: _____

h. Do you travel to other localities to race? ____ Yes ____ No

i. Horsepower and/or engine displacement: _____

j. Formula: _____ Production: _____

k. Maximum speed attained (mph): _____

l. Do you race professionally or for cash prizes? ____ Yes ____ No

m. Do you belong to any sanctioned group? ____ Yes ____ No

(If yes, list): _____

n. Have you ever, or do you expect to engage in any stunt driving? ____ Yes ____ No

(Include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, hydroplane, etc.)

Past 12 Months

Past 1-2 Years Est.

Next 12 Mo's

Type of Vehicle

Type of Event

Type of Track/Course (with Location)