

FSCA DRIVER INFO SHEET

CAR #: _____ COLORS: _____

DRIVER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EVENING PHONE #: _____

FAX PHONE #: _____ E-MAIL ADDRESS: _____

DO YOU WANT YOUR EMAIL ADDRESS LISTED ON THE FSCA WEBSITE? YES NO

WEB SITE ADDRESS: _____

DRIVER EXPERIENCE (Types of Cars Raced, Championships, Etc. Use reverse side if needed):

YEARS SPENT RACING: _____

RACE CAR INFORMATION:

PRIMARY SPONSOR: _____

SECONDARY SPONSORS: _____

CHASSIS: _____ ENGINE BUILDER: _____

CREW CHIEF: _____ CREW MEMBERS: _____

CAR OWNER: _____

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