



INDIAN VALLEY SOAP BOX ASSOCIATION * P.O. Box 64573, Souderton, PA 18964

2023

IVSBA DRIVER MEMBERSHIP APPLICATION FORM

DATE: _____ SPONSOR NAME: _____

STOCK CAR **SUPER STOCK CAR** (Check One) Car Number _____

DRIVER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(Please list both parents' names)

Parent/Guardian

ADDRESS: _____

NAME(S): _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

“DRIVER” T-SHIRT SIZE: YS YM YL - S M L (Check One) [Youth/Adult Sizes]

Additional T-shirts may be purchased for \$10 each, Please mark below how many of each size you would like & include payment of \$10 each additional.

S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

DRIVER SIGNATURE: _____

PARENT SIGNATURE: _____

MEMBERSHIP FEE - \$40.00 PER MEMBER (Includes “DRIVER” T-SHIRT)

The fee of **\$40.00** entitles the member (Parent/Guardian) to one vote. This fee also pays for one driver registration. (Provided the driver meets all of the All-American Soap Box requirements.)

Registration Fee \$ _____

Additional T-Shirts \$ _____

Total amount Enclosed \$ _____

IVSBA USE ONLY

Date Paid: _____ Received by: _____ Payment Method: Cash Check # _____
(check one)