

Soap Box Derby --- Driver's History

Division: Stock Super Stock Masters Car Number _____

Note: Please print clearly. The announcer will use this information during the race.

Name _____ Nick-name _____

City _____ State _____

Age _____ Height _____ Weight _____ Male Female

Is this your first race? _____ Number of years racing? _____

Car Sponsor (s) _____

Car Decoration _____

Derby awards, place finishes _____

School attending this fall _____ Grade _____

Favorite subjects? _____

Hobbies, special interests, achievements? _____

What do you like most about the derby? _____

How did you learn about the derby? _____

Anything else you'd like to say about yourself? _____

T-shirt size Adult Child Small Med Large Extra large