



Date: _____



2024 Summit Index Series presented by 501 Performance

Points Registration Form

CLASS: _____

Full Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Do you text? Yes / No Other Phone: _____

Email Address: _____ Age: _____

Shirt Size: _____ Jacket Size: _____ Sweatshirt Size: _____

IHRA/NHRA License # _____ Expires: _____

Car Year: _____ Make: _____ Model: _____

Emergency Contact Name: _____ Phone: _____

Car # _____

Class (mark with x):

5.50 \$75

Registration MUST be accepted
before you will receive points

6.00 \$75

6.50 \$75

7.00 \$75

Track Official Use Only

Date Accepted _____

IHRA Verified _____

By _____

Amount Paid _____

Mailing Address: P.O. Box 571, West Salem, OH 44287