



Print, complete, and fax to (866) 635-2395 or mail to:

Eagles Canyon Raceway
P.O. Box 214
Slidell, Texas 76267

Driver's Club Supplemental Information Form

Dear Member:

We are updating our membership files with important information we'd like to have on file. Please fill out and return as soon as possible.

First Name: _____ Last Name: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____

Health Care Insurance Information (optional)

We hope we never need it, but in the unlikely event you are injured or require medical attention while participating in an event at Eagles Canyon Raceway, the local EMS provider or the health-care providers may request it.

Company/Provider: _____ Group/Policy: _____

Business Information (optional)

When Eagles Canyon Raceway has a business need, we would rather send business to our members than just look up a provider in the phone book. If you would like to be added to our "resources" list, please list your occupation and business information.

Occupation: _____

Business Name: _____ Phone: _____