

# Crew, Sponsors, Fans

## How to Fill out 2024 Registration, Season Pit Pass / Membership form

Go to <https://slingersuperspeedway.com/driver-info/>

or Scan



then select this drop down 

next choose 

go to link

or Scan

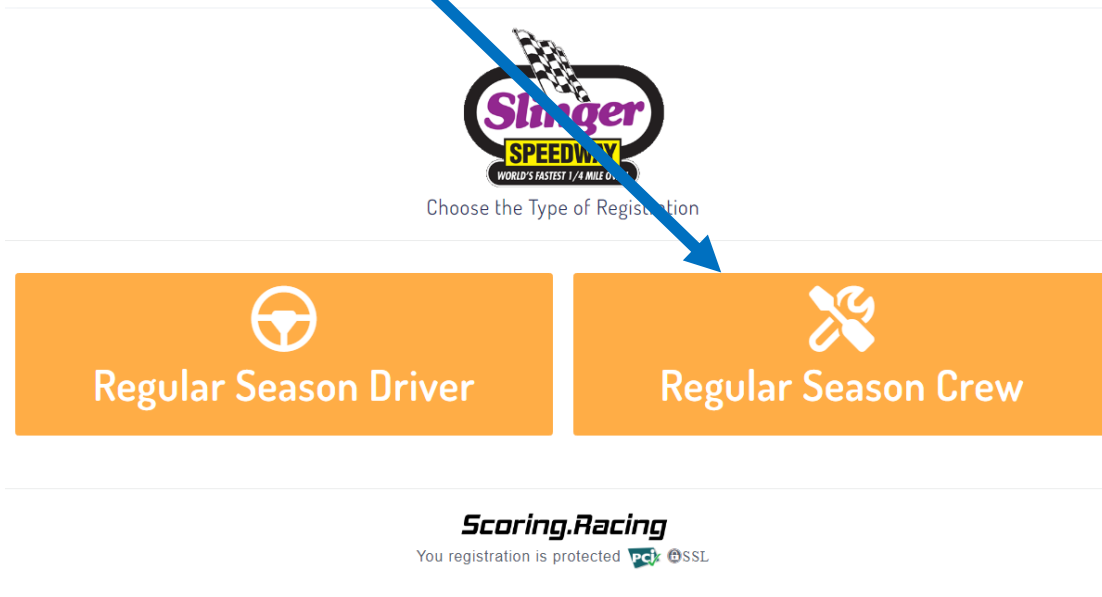


[2024 Registration Season Pit Pass Membership](#)

**Crew registration form is NOT complete until online payment is made.**


A separate form is required for each Driver or Crew member

[This screen opens select Crew](#)



The screenshot shows the registration selection interface for Slinger Speedway. At the top is the Slinger Speedway logo with the tagline 'WORLD'S FASTEST 1/4 MILE OVAL'. Below the logo is the text 'Choose the Type of Registration'. There are two orange buttons: 'Regular Season Driver' with a steering wheel icon and 'Regular Season Crew' with a wrench and screwdriver icon. A blue arrow points from the text 'This screen opens select Crew' to the 'Regular Season Crew' button. At the bottom, there is a 'Scoring.Racing' logo and the text 'You registration is protected' followed by PCI and SSL logos.

[The Crew member tab opens enter your information](#)



**Slinger**  
SPEEDWAY  
WORLD FASTER / LONGER / LOWER

### Register Crew Member

This information will let us know more about you.

Crew MemberEmergencyOptionsAssociationFinish

#### Crew Information

|                                                                          |                                                                        |                                                             |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Crew First Name *</b><br><input type="text" value="Crew First Name"/> | <b>Crew Last Name *</b><br><input type="text" value="Crew Last Name"/> | <b>Suffix</b><br><input type="text" value=""/>              |
| <b>Address Line 1 *</b><br><input type="text" value="Address Line 1"/>   | <b>Address Line 2</b><br><input type="text" value="Address Line 2"/>   |                                                             |
| <b>Postal Code *</b><br><input type="text" value="Postal Code"/>         | <b>City *</b><br><input type="text" value="City"/>                     | <b>State *</b><br><input type="text" value="Select State"/> |
| <b>Primary Phone *</b><br><input type="text" value="123 456 7890"/>      | <b>Primary Email *</b><br><input type="text" value="mail@mail.com"/>   |                                                             |

PreviousNextFinish

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When all your information has been added click the **Next Button**

[The Emergency screen opens enter your information](#)



Register Crew Member

This information will let us know more about you.

Crew Member | **Emergency** | Options | Association | Finish

Emergency Contact

Information is only shared with EMT staff.

|                                                                                                      |                                                                                                 |                                                                     |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Emergency First Name *</b><br><input type="text" value="Emergency First Name"/>                   | <b>Emergency Last Name *</b><br><input type="text" value="Emergency Last Name"/>                | <b>Primary Phone *</b><br><input type="text" value="123 456 7890"/> |
| <b>Hospital</b><br><input type="text" value="Preferred Hospital"/> <input type="radio"/>             | <b>Primary Doctor</b><br><input type="text" value="Doctor"/>                                    |                                                                     |
| <b>Notes</b><br><input type="text" value="Any medical conditions the EMT staff should know about?"/> | <b>Medications</b><br><input type="text" value="Medications the EMT staff should know about?"/> |                                                                     |

By filling this form, I understand that the information used or disclosed may be subject to re-disclosure by the person or class of person or facility receiving it, and would then no longer be protected by federal privacy regulations

I may revoke this authorization by notifying the track/series in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions


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When your emergency has been added select the **Next Button**



The Options screen opens

Select type of Non driver Season Pit Pass or Membership



**Register Crew Member**

This information will let us know more about you.

Crew MemberEmergencyOptionsFinish

| Select                   | Name <small>Select all that apply</small>                                       | Price    |
|--------------------------|---------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> | Non-Driver Reduced Pit Pass & Discounted Nationals                              | \$50.00  |
| <input type="checkbox"/> | Season Pit Pass Flat Rate/Person (Crew, Fan, Sponsor) Valid Sundays & Nationals | \$450.00 |
| <input type="checkbox"/> | SLM - Season Pit Pass (Crew, Fan, Sponsor) Valid 8 SLM Races & Nationals        | \$275.00 |
| <b>Line Total</b>        |                                                                                 | \$0.00   |
| <b>Processing Fee</b>    |                                                                                 | \$0.00   |
| <b>Total</b>             |                                                                                 | \$0.00   |

PreviousNextFinish

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Verify Divisions and Total, if correct select the **Next Button**

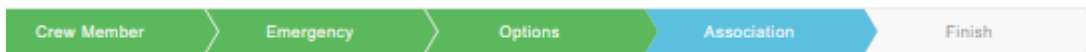
*Payment may be made with Credit Card or Check. (There is processing fee for both)*

[The Association screen opens](#)



### Register Crew Member

This information will let us know more about you.



#### Driver Association

Who will you working with?

I am a \*

Division I am with \*

Car Number

Driver Association

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When your information has been added select the **Next Button**

[The Finish screen opens](#)

To finalize Registration, Season Pit Pass / Membership pay with Credit Card or Check

The Crew Season Pit Pass / Membership form is **NOT** complete until online payment is made

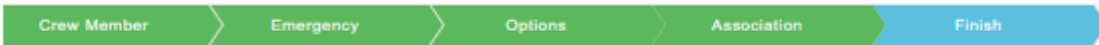
Select Payment type either Credit card or Check both have processing fees

Credit card payment Screen



Register Crew Member

This information will let us know more about you.



Payment



Name on the Card  Postal Code for Card   
Name as it appears on the card Zip code for the card

Card  Your Card Number  
Expiration  January  2023  
CW  Card CVV

Consent to follow the rules.

Consent to electronic signature   
 I agree to all rules and terms of the Slinger Super Speedway.

Coupon Code   
[Apply Discount](#)

Processing Fee:  
Total:

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When complete select the Finish Button

## Check payment Screen



### Register Crew Member

This information will let us know more about you.

Crew Member

Emergency

Options

Association

Finish

## Payment

Card

Check/ACH

Name on the Account

Name as it appears on the account

Postal Code for Account

Zip code for the account

Bank Account

Bank Account

Routing Number

Routing Number

## Consent to follow the rules.

Consent to electronic signature

I agree to all rules and terms of the Slinger Super Speedway.

Coupon Code

Apply Discount

Processing Fee: \$5.00

Total:

Previous

Next

Finish

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When complete select the Finish Button



The Payment Details screen opens

### Details

Registration Id:  
Name:  
Address:  
HomeTown:  
Email:                      Phone:

### Payment Details

Transaction Id:  
Transaction Date:

| Car | Division | Price |
|-----|----------|-------|
|     |          |       |

Discount:

Line-Total Amount:

Processing Amount:

Grand Total Amount:

### Emergency Details

Emergency Contact:                      Phone:

Print this receipt and bring to the track as proof of registration.

Please contact the track/series with any questions or concerns about your registration.

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[Register Another](#)   [PRINT](#)   [Email](#)

Your Registration Season Pit Pass / Membership is done.