

ONTARIO LATE MODEL ASSOCIATION
2024 Driver Registration



Car Number: _____

Car Owner: _____

Address: _____

Hometown: _____ Province: _____ Postal Code: _____

Driver (Payout Recipient): _____

Second Driver (OPTIONAL): _____

Address: _____

Hometown: _____ Province: _____ Postal Code: _____

Birthdate: _____

Phone #1: ____ - ____ - ____ Phone #2: ____ - ____ - ____

CONTACT

Email: _____

Alternative Contact: _____

VEHICLE

MAKE: _____ MODEL: _____ YEAR: _____

Engine Information: SIZE: _____ BUILT/CRATE: _____

SPONSORS:

_____	_____
_____	_____
_____	_____

TOTAL REGISTRATION AMOUNT: \$150.00/SEASON ___ CASH ___ CHEQUE ___ E-TRANSFER

Signature of OLMA Administration: _____ DATE: _____

2024 OLMA Member Signature: _____ DATE: _____