



# NEW EGYPT SPEEDWAY

## 2025 SEASON PASS APPLICATION

SEASON PASS FEES: **GRANDSTAND SEASON PASS: \$400**  
**PIT SEASON PASS: \$750**

Please complete and return with license fee(s) payable to:  
New Egypt Speedway, 720 Route 539, New Egypt, NJ 08533  
Office: 609-758-1900 – Fax: 609-758-5950

PLEASE PRINT CLEARLY & LEGIBLY – APPLICATION MUST BE COMPLETE BEFORE  
LICENSE WILL BE ISSUED

APPLICANTS NAME: \_\_\_\_\_ PLEASE CIRCLE TYPE OF PASS **GRANDSTAND | PITS**

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### INSURANCE

Each pit entrant must sign a liability waiver and release form at each race meet or warm up session. By signing the release form you are authorized to enter the restricted area.

### *TYPE OF PAYMENT (SELECT ONE)*

CHECK Check #: \_\_\_\_\_  
 CREDIT CARD Credit Card #: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### *FOR OFFICE USE ONLY*

Amount Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_