

**Bucks County, PA Soap Box Derby  
2009 Official Registration Form**

“Keep the Dream Alive” Don Lenox



Date: \_\_\_\_\_  
Division: \_\_\_\_\_  
Car Number: \_\_\_\_\_  
T-shirt Size: \_\_\_\_\_  
Hoodie Size: \_\_\_\_\_  
Raffle Tickets: \_\_\_\_\_

**Driver Must be 8-17 Years of Age on June 20, 2009**

Entrants Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth; Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ (Birth Certificate Required)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**\$25.00 Members Registration:**  
**\$50.00 Corporate Car Registration:**

Parent or Guardian:

I hereby grant permission to my daughter/son (ward) to enter the Bucks County, PA Soap Box Derby on June 20, 2009, and in the event she/he is judged the winner of the Bucks County, PA Soap Box Derby, to participate in the All-American Soap Box Derby in Akron, Ohio on July 25, 2009.

Signature of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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To be completed by Derby Officials

Racer Sponsor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_