



2019 Mid Missouri Soap Box Derby Driver Profile

www.midmosbd.org

PRINT CLEARLY and return this publicity form with a driver picture.

Date: _____ Driver Name: _____

Nickname?: _____ DOB: ___ / ___ / ___ M / F

AUTHORIZATION: I hereby authorize the Mid Missouri Soap Box Derby and/or its agents to copy, publish, or use the driver name, pictures, and driver information for promotion of the Mid Missouri Soap Box Derby.

Signature of Parent or Guardian

Date

My Racing

Years in Derby: Stock: ___ Super Stock: ___ Masters: ___ This Year: S / SS / M

Prior Derby Racing Results: _____

This Year's Car Sponsor: _____

Who/What got you interested in the SBD?

How have you benefited from racing in the SBD?

My School

School now attending: _____ Grade: _____ Teachers: _____

Other schools you have attended:

My Plans & Goals

Short Term:

Long Term:

When I grow up, I plan to become a _____ because

Driver _____

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My Family and/or Pit Crew: (Who is helping you on Race Day?)

Father: _____ Mother: _____

Guardian: _____ Grandparent: _____

Sisters and ages: _____ Brothers and ages: _____ Friends/Other: _____

Family Pets (Type/Name): _____

My Hobbies

My Favorites

Favorite School Subject:

Favorite Sport:

Favorite Song:

Favorite Team:

Favorite Actor/Actress:

Favorite Animal:

Favorite Movie:

Favorite Book:

Favorite Food:

Favorite Dessert:

What I Want People To Know About Me: