

Atlanta Motor Speedway Fan Council Application

YOU MUST BE 18 OR OLDER TO APPLY

First Name:		Last Name: Date of Birth:	
Email Address:			
			Zip Code:
Cell Phone #:	Al	ternate Phone #:	
I have been attending	g Atlanta Motor Spee	edway events since	e (year):
Which events at Atla that apply.	nta Motor Speedway	do you typically a	ttend? Please check all
□ XFINITY □ Campin □ Summit □ Thursda □ Friday N	g World Truck Series Racing Equipment A ay Thunder Legends Night Drags please specify):	s Atlanta Motorama Racing	
□ Spouse □ Parents □ Childre □ Friends □ Co-wor	n		
Where do you typica	lly watch the race fro	om?	
□ Grandst □ Suite Le □ Club On)	

- □ Infield
- □ Trackside Terrace
- □ Trackside Turn One
- □ Other (please specify): _____

Do you regularly attend NASCAR races at other tracks? Yes____ No ____ If yes, which ones: _____

If you could change ONE thing about your experience at Atlanta Motor Speedway, what would it be?

What do you think you would bring to the Fan Council that would help us better deliver a quality experience for our fans? _____

Are you available to attend an on-site meeting over race weekend as well as two teleconferences throughout the year? We anticipate having the race weekend meeting on Saturday morning. Yes ____No____

If no, please explain:

Please mail your complete application to:

Atlanta Motor Speedway Attn: AMS Fan Council P.O. Box 500 Hampton, GA 30228

or email completed application to rebeccar@atlantamotorspeedway.com