

DRIVER/CAR OWNER INFORMATION SHEET
(PLEASE PRINT AND FILL OUT BOTH SIDES)

DIVISION: _____

CAR #: _____

COLORS: _____ DATE OF BIRTH: _____

DRIVER: _____ JACKET SIZE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELLPHONE: _____

DAYTIME PHONE #: _____ EVENING PHONE#: _____

FAX PHONE #: _____ E-MAIL ADDRESS: _____

****1099 RECIPIENT (Please Check One): DRIVER _____ CAR OWNER _____**

TAX I.D. # or SSN OF 1009 RECIPIANT: _____

WEB SITE ADDRESS: _____

DRIVER EXPERIENCE (Years Racing, Types of Cars Raced, Championships, Etc. Use reverse side if needed):

CAR OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELLPHONE: _____

DAYTIME PHONE #: _____ EVENING PHONE#: _____

FAX PHONE #: _____ E-MAIL ADDRESS: _____

RACE CAR INFORMATION:

PRIMARY SPONSOR: _____

SECONDARY SPONSORS: _____

CHASSIS: _____ ENGINE: _____

CREW CHIEF: _____

CREW MEMBERS: _____

THE UNDERSIGNED AGREES TO THE FOLLOWING:

I UNDERSTAND THAT FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY COULD RESULT IN WINNINGS OR ANY OTHER MONEY DUE FROM THE TRACK TO BE WITHHELD UNTIL THE INFORMATION IS PROVIDED AND APPROVED BY THE SPEEDWAY.

I AGREE TO PAY ANY AND ALL FEES REQUIRED TO PARTICIPATE IN MY RESPECTIVE DIVISION. I AGREE TO ABIDE BY ALL RULES, REGULATIONS, PROCEDURES, AND DIRECTIONS OF OFFICIALS. I WILL NOTIFY THE TRACK OF ANY CHANGES IN THE ABOVE INFORMATION REQUIRED, AND BE HELD RESPONSIBLE FOR ANY COURT AND/OR SERVICE COSTS ACCRUED IN THE COLLECTION OF ANY FEES OWED TO THE TRACK AS A RESULT OF A RETURNED OR CANCELLED CHECK.

SIGNED BY: _____ DATE: _____

PRINTED NAME: _____ PHONE #: _____