



DRIVER'S REGISTRATION FORM

REQUIRED INFORMATION IS PRINTED IN RED
INFORMATION IN RED IS REQUIRED, YOU WILL NOT BE ALLOWED TO RACE, COLLECT POINTS, OR RECEIVE PAY IF INFORMATION IS INCOMPLETE

REGISTRATION FEE:\$25.00 PER CLASS

CAR NUMBER

PLEASE CIRCLE WHICH CLASS YOU ARE COMPETING IN

 OSLM MODIFIED LM/SP STREET/ST OL/PS OTHER

PLEASE PRINT SO OUR OFFICIALS CAN READ IT

EMAIL: _____

TAX/PAYOUT INFORMATION: (COMPANY NAME): _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TAX ID OR SOCIAL SECURITY # _____

PHONE# _____

SIGNATURE: _____

THE IRS REQUIRES A 1099 BE FILED FOR ANY INDIVIDUAL EARNING \$600.00 OR MORE OVER A ONE YEAR PERIOD

DATE: _____

DRIVER INFORMATION IF DIFFERENT FROM ABOVE

FIRST NAME: _____ LAST NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# _____ ROOKIE: YES NO

BIRTH DATE: _____ SIGNATURE: _____