

Clarys Motor Speedway "Where Legends Are Born"

2017 Drivers Registration Form

(Please Print- Must be turned into track office)

No driver will be paid without completed form

Division _____ Preferred Car# _____ Second Car# _____

Make/Model of Car: _____ Transponder #: _____

Driver: _____ Soc. Sec#: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Home #: _____ Work#: _____ Mobile #: _____

Birthdate: ___/___/___ Email Address _____

Who Receives the 1099 Tax Form(Circle One): Owner or Driver

Car Owner: _____ **Soc.Sec. / EIN#** _____

Street Address: _____ **Home #** _____

City: _____ **State:** _____ **Zip Code:** _____

Designated Person/Persons to pick up earnings(List Name, Address, and Phone #)

Sponsors: _____

Employer: _____ **City:** _____

Spouse's Name: _____ **Children's Names:** _____

Number of years Racing: _____ **Number of years in current division** _____

