

# CONCORD

## SPEEDWAY

PO BOX 129 Midland, NC 28107 – Office 704-782-4221 Fax 704-782-4420

[www.concordspeedway.net](http://www.concordspeedway.net)

### 2019 COMPETITOR REGISTRATION FORM

PLEASE READ CAREFULLY – This information is required from ALL competitors at Concord Speedway and MUST be on file before competing. Purse checks and points are awarded only after this form and federal W-9 in the name of the purse check recipient are completed and on file with this document. Social Security Numbers or TAX ID Numbers are not required for drivers competing in non-purse events, ie... bandoleros. All drivers must sign-in and present a valid sanctioning body membership number at each and every event in which they compete before going on to the track. By signing this document the driver and owner state that they understand and will comply with Concord Speedway rules and rules of any organization sanctioning your competition. All competitors must hold a sanction membership. Any changes require a NEW form. Unsigned forms or incomplete forms will NOT be accepted.

Today's Date \_\_\_\_\_ **PLEASE WRITE CLEARLY!!!!!!**

Driver's Name \_\_\_\_\_ Division \_\_\_\_\_ Car # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hometown \_\_\_\_\_ State \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's Sanction Member # REQUIRED \_\_\_\_\_

Telephone # \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

Email address \_\_\_\_\_

Driver's Spouse if Applicable \_\_\_\_\_ Children's Names / Ages \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Name if under 18 \_\_\_\_\_ Parent's cell \_\_\_\_\_

Parent's Email \_\_\_\_\_

**EMERGENCY CONTACT – REQUIRED**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Sponsor \_\_\_\_\_ Associate Sponsor \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Car Owner MUST be over 18 years of age**

Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Phone \_\_\_\_\_ Email \_\_\_\_\_

Purse Checks Made to : (Select ONE ONLY)

{ } Driver : Name as it appears on Social Security Card \_\_\_\_\_ SSN \_\_\_\_\_

{ } Car Owner : Name as it appears on Social Security Card \_\_\_\_\_ SSN \_\_\_\_\_

{ } Business Name \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

W-9 MUST BE COMPLETED FOR THE RECIENT NAMED ABOVE