



REGISTRATION FORM

Car #: _____ Class: _____ Date: _____

Driver: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Email: _____

SS#: _____ D.O.B: _____

Same as above

Owner: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Email: _____

Owner SS#: _____ D.O.B: _____

Who receives 1099? _____ Driver _____ Owner

Tax Certification

I/We certify that I/We have supplied valid social security taxpayer identification numbers for the purpose of issuance of Form 1099.

Publicity Release

I/We authorize North Central Speedway to use any pictures, descriptions, or accounts of any activities at any event for press releases, publicity or other similar purposes. I/We also request to be placed on the speedway mailing list.

Driver's Signature

Owner's Signature

Please complete and return form to North Central Speedway on your first day of racing.