



**DRIVER REGISTRATION FORM – 2020 RACE SEASON**

Car Number: \_\_\_\_\_ Class: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Mark if Minor: \_\_\_\_\_

Social Security Number (If owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Who reports the winnings for this Car? **(Please circle one)**    Driver                      Owner

**Please complete if Driver does not report winnings:**

Car Owner (Please print name as it appears on W-9): \_\_\_\_\_

Owner's Tax ID or Social \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Thank You for joining us this Season!**