

Central Arizona Speedway

PLEASE PRINT CLEARLY

Rookie (Circle One)

YES

NO

Transponder # _____

IMCA License # _____

DRIVER: _____ CAR # _____ DIVISION: _____

ADDRESS: _____ DOB: _____ EMAIL: _____

City/State: _____ ZIP: _____ PHONE: _____

SS: _____

YEARS RACING: _____ CHASSIS: _____ ENGINE: _____

CAREER HIGHLIGHTS: _____

SPONSORS: _____

TAX AUTHORIZATION

I certify that the person listed above has supplied a valid Social Security/Taxpayer Identification Number for the purpose of issuance of Form 1099. If the person listed above is not to receive the 1099, the owner information below must be complete with a valid SSN/Federal ID# and the following box initialed.

OWNER: _____ EMAIL: _____

ADDRESS: _____ DOB: _____

CITY/STATE: _____ ZIP: _____ PHONE: _____

SS/EIN#: _____