W9_Y/ N_ **Class:_____Car Number:_____**

*** <u>This form must be filled out and returned before a race check will be issued</u>.**

Driver Name: _____ Age: _____

Driver Address: _____ **Check if this is your rookie year**: _____

_____ **Years raced in this class: _____**

(CITY) **(STATE)** **(ZIP CODE)**

Telephone Number: ( ) __ __ __ - __ __ __ __ email address: _____

Race Checks payable to: _____

(Attached W-9 <u>MUST</u> be completely filled out with this persons information)

<u>Name of Race Car Sponsors</u>:	<u>Sponsor Business Location</u>:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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