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## 2010 COMPETITOR'S 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 a federal W-9 form in the name of the purse check recipient are completed and on file with this document. Social Security or tax ID numbers are not required for drivers competing in non-purse events. 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 the track. By signing this document the driver and owner state that they understand and will comply with Concord Speedway rules and the rules of any organization sanctioning your competition. All regular competitors must hold a sanction membership. Any changes require a new form. Unsigned forms are considered incomplete.

Today's Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Division: \_\_\_\_\_ Car # (requested): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Driver's HOMETOWN: \_\_\_\_\_ ST: \_\_\_\_\_ Transponder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Driver's Sanction membership number (REQUIRED):** \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Do you wish to receive e-mail newsletter? Circle one: Yes No

Driver's Spouse: \_\_\_\_\_ Children's names & ages: \_\_\_\_\_

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

**Emergency Contact (name & telephone number REQUIRED):** \_\_\_\_\_

Please list medications, health conditions or other information needed by medical personnel on reverse or attach.

Driver's Signature: \_\_\_\_\_

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

Car Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

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

(If same as the driver, you may list SAME in the space above. SIGN as owner below. **Car owner must be a minimum of 18 years of age.**)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's sanction member #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Do you wish to receive e-mail newsletter? Circle one: Yes No

Owner's Signature: \_\_\_\_\_

**Purse checks made to: (select only one and PLEASE PRINT LEGIBLY!)**

Driver: Name as it appears on social security card: \_\_\_\_\_ social security # \_\_\_\_\_

Car Owner: Name as it appears on social security card: \_\_\_\_\_ social security # \_\_\_\_\_

Business as registered for federal I.D. Number

Business Name: \_\_\_\_\_ federal tax I.D. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**W9 must be completed for the recipient named above.**

Please complete and return to driver sign in or the track office.  
 List Resume, accomplishments and additional information on back or attach.]

[Competitor Registration Form]