

PORTSMOUTH RACEWAY PARK, INC.

2024 DRIVER/CAR APPLICATION

CAR NUMBER: _____ CAR CLASS: _____

NAME: _____
FIRST MIDDLE LAST

NICKNAME: _____ YRS. RACING: _____

SSN: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CELL PHONE: _____ WORK PHONE: _____

CAR OWNER: _____

***OWNER MUST SIGN ATTACHED W-9 FORM (THIS IS WHO GETS 1099)**

PIT CONTACT: _____

CAR MAKE: _____ CAR YEAR: _____

MODEL: _____ COLOR: _____

SPONSOR NO. 1 _____

SPONSOR NO. 2 _____

SPONSOR NO. 3 _____

SPONSOR NO. 4 _____

SPONSOR NO. 5 _____

SPONSOR NO. 6 _____

**IF YOUR 1099 REPORT COMES AT THE END OF THE YEAR AND IS
WRONG BECAUSE YOU DID NOT INFORM US OF THE
CORRECT OWNER, IT IS YOUR PROBLEM!!!!**

***THE CAR OWNER LISTED ON THE W-9 TAX FORM ATTACHED WILL
RECEIVE THE 1099 AT THE END OF THE YEAR!!!!**

DRIVER SIGNATURE: _____ DATE: _____