

**CHEMUNG SPEEDROME
605 WYNCOOP CREEK RD
CHEMUNG, NY 14825
(631)745-9805
FAX: (631) 722-8770**

Form # 1-2010RS

Date: _____

2017

Car Registration/ Pay out form This form must be NEAT and LEGIBLE (*please print*) Check will not be mailed out for forms that are not legible. This form must be complete before competing.

CLASS / DIVISION (*check one*)

- Sunoco Modified
- Super Stock
- 4 Cylinder
- INEX Legend
- Bandolero

Driver Name: _____

NASCAR or INEX License #: _____

Transponder #: _____

Address : _____

City/Town: _____ **State:** _____ **Zip:** _____

Last 4 of SS #: _____ **Phone:** _____ **Email:** _____

Owner Name (If Different): _____

Owner Address: _____

Owner City/Town: _____ **State:** _____ **Zip:** _____

Owner Last 4 of SS #: _____ **Or Business ID #:** _____

Owner Phone: _____ **Owner Email:** _____

*****Checks and 1099's will be made payable to: Driver Owner

Car # Requested: _____ **Second Choice # :** _____

This Form Must Be Updated Every Year Along With New W-9 Form