



DRIVER/CAR OWNER INFORMATION SHEET

(PLEASE PRINT AND COMPLETE BOTH SIDES)

CAR #: _____

COLORS: _____ DATE OF BIRTH: _____

DRIVER: _____ JACKET SIZE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELLPHONE: _____

DAYTIME PHONE #: _____ EVENING PHONE#: _____

FAX PHONE #: _____ E-MAIL ADDRESS: _____

****1099 RECIPIENT (Please Check One): DRIVER _____ CAR OWNER _____**

TAX I.D. # or SSN OF 1099 RECIPIENT: _____

WEBSITE OR SOCIAL MEDIA INFO: _____

DRIVER EXPERIENCE (Years Racing, Types of Cars Raced, Championships, Etc. Use reverse side if needed):

****PLEASE COMPLETE THE FOLLOWING IF CAR OWNER IS DIFFERENT THAN DRIVER****

CAR OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELLPHONE: _____

DAYTIME PHONE #: _____ EVENING PHONE#: _____

FAX PHONE #: _____ E-MAIL ADDRESS: _____

Don't Forget to Complete the Back Side of this Application



RACE CAR INFORMATION:

PRIMARY SPONSOR: _____

SECONDARY SPONSORS: _____

CHASSIS: _____

CREW CHIEF: _____

CREW MEMBERS: _____

THE UNDERSIGNED AGREES TO THE FOLLOWING:

- **THEY WILL PURCHASE A \$50 MEMBERSHIP WHICH WILL BE VALID THROUGH DECEMBER 31ST OF LICENSE APPLICATION CALENDAR YEAR, AND TO PAY THE REQUIRED ENTRY FEE TO PARTICIPATE IN EACH NeSMITH LATE MODEL SPORTSMAN DIVISION SANCTIONED EVENT.**
- **TO ABIDE BY THE RULES, REGULATIONS, PROCEDURES, AND DIRECTIONS OF OFFICIALS AT EACH EVENT.**
- **WILL BE RESPONSIBLE TO REPORT ANY CHANGES IN THE INFORMATION REQUIRED ON THIS FORM TO SERIES OFFICIALS.**
- **WILL BE HELD RESPONSIBLE FOR ANY COURT AND/OR SERVICE COSTS ACCRUED IN THE COLLECTION OF ANY FEES OWED TO THE SERIES AS A RESULT OF A RETURNED OR CANCELLED CHECK.**

SIGNED BY: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE #:** _____