

# 2024 LAKE VIEW MOTOR SPEEDWAY COMPETITOR PRE-REGISTRATION FORM

THIS FORM MUST BE FILLED OUT LEGIBLY AND COMPLETELY ALONG WITH A CURRENT YEAR W9 IN ORDER TO COMPLETE AND RECEIVE A RACE NIGHT PAYOUT.

IT IS THE DRIVER/OWNERS RESPONSIBILITY TO INFORM LVMS OF ANY DRIVER, CHANGE OF HOME ADDRESS, CAR NUMBER, CAR OWNER, AND OR CLASS; IN THIS EVENT ANOTHER PRE-REGISTRATION AND W9 FORM MUST BE FILLED OUT IMMEDIATELY.

## **NO PRE-REGISTRATION FORM AND CURRENT YEAR W9 ON TRACK FILE:**

- NO PAYOUT
- NO EXCEPTION.

## PLEASE PRINT CLEARLY AND LEGIBLY

TODAY'S DATE: \_\_\_\_\_

CAR#: \_\_\_\_\_ CAR CLASS: \_\_\_\_\_ TRANSPONDER#: \_\_\_\_\_

## COMPETITOR INFORMATION:

\*DRIVER'S FULL GIVEN NAME: As it appears on SS Card

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

\*DRIVER'S NICKNAME/or NAME YOU GO BY IF DIFFERENT THEN ABOVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: [ ] - \_\_\_\_\_

DOB: \_\_\_\_\_ \*SSN: Required if [PAYEE] \_\_\_\_\_

## OWNER/BUSINESS [PAYEE] TO RECEIVE PAYOUT "IF OTHER THAN" COMPETITOR:

OWNER/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: [ ] - \_\_\_\_\_

SSN OR EIN # OF PERSON/BUSINESS RECEIVING PAYOUT: \_\_\_\_\_

I understand that year end 1099 will be assigned and mailed to the person or business receiving payout and that this form and W9 match to payee for end of year tax filing. I also understand that LVMS is not responsible for not legible: impossible or hard to read or decipher because of poor handwriting or faded print on this form or my W9 and may cause delay or incorrect end of year tax filing.

I certify that the above information is true, correct, and current to the best of my knowledge:

SIG of Payee: \_\_\_\_\_ Date: \_\_\_\_\_