



Winston-Salem Speedway, Inc. 4620 Hwy 601 Yadkinville, N.C. 27055-  
**CONTESTANT REGISTRATION-2012 SEASON**

**\$20.00 Fee Payable With Registration**

This fee will cover the cost of providing each registrant with two Bowman Gray Stadium patches for driving suits (additional patches will be available at \$5.00 each)

NO PRIZE MONEY WILL BE PAID TO AN ENTRANT WHO HAS NOT COMPLETED THIS REGISTRATION

**Car Number**

Car number of last year or assigned for this year will be reserved PROVIDED this registration is completed and returned no later than April 19, 2012

Racing Division: (Please Circle One)    Modified    Sportsman    Street Stock    Stadium Stock

Driver's Email address \_\_\_\_\_

Car Owner's Email address \_\_\_\_\_

Driver's racing name \_\_\_\_\_ Date of birth \_\_\_\_\_ Year first raced \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse's name \_\_\_\_\_ Home Phone no. \_\_\_\_\_

Children's names and birth dates \_\_\_\_\_

Employer \_\_\_\_\_ Business phone no. \_\_\_\_\_

Type of job \_\_\_\_\_ Crew Chief \_\_\_\_\_

Car Owner's name \_\_\_\_\_ Make of car \_\_\_\_\_

Car Owner's Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check if driver is declaring candidacy for rookie awards.** To be eligible, a driver must have competed in no more than five events in the same division, or higher division, in any previous stadium season (a double feature for a division is regarded as one "event"). This declaration must be made no later than May 26, 2012.

Medications, health conditions or other information driver wants made available to emergency medical personnel.

Stadium racing's management is required by law to report payments of prize money to government tax agencies. Prize money payments for this entrant are to be reported to (indicate ONLY ONE): **Please Print**

DRIVER: Legal name,  
As on Social Security card \_\_\_\_\_ SS# \_\_\_\_\_

**OR**

CAR OWNER: Legal name,  
As on Social Security card \_\_\_\_\_ SS# \_\_\_\_\_

**OR**

BUSINESS, as registered for federal I.D. No. (this is required for reporting payment):

Business name \_\_\_\_\_ Federal I.D.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_