



Winston-Salem Speedway, Inc. 4620 Hwy 601 Yadkinville, N.C. 27055

CONTESTANT REGISTRATION-2008 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) and first class mailing of two newsletters before the following season.

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 17, 2008

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

Information for publicity and public address announcers:

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 _____

Mailing address _____ City _____ State _____ Zip _____

Driver's Email _____ Car Owner's Email _____

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, 2008.

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 _____