

Lancaster Motor Speedway
223 Shiloh Unity Road
Lancaster, SC 29720

Registration Form
(Please complete all information accurately.)
Turn In At Pit Registration

Driver Name: _____
Nickname (If Available): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Contact Phone Number: _____
Division(S): _____
Car #: _____ Car Color: _____
Sponsors: _____

Car Owner: _____

1099 Information (Must Be Completed Fully)

Who is to receive 1099-MISC Form?;

(Owner or Driver): _____
Name: _____
Social Security # or FEI #: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Contact Phone Number: _____

Additional Information

Driver Career Highlights

Championships: _____
Wins: _____ Years Racing: _____ Other: _____