

2025 REGISTRATION FORM

Mail to: P.O. BOX 821898; Vancouver, WA. 98682

Driver Name:				
Address:		CAR	#	Registration
City/State/Zip:		Pavable	e to SCHRAM MO	TORSPORTS, LLC
Home Phone:		Class:		\$50.00
Work/Cell:		Class		450.00
Email Address:		Sa		ses must ALSO
Emergency Contact:			register with bodies, i.e	일하면 하다 보다 되었다. 그 아이는 그는 사람들이 되었다.
Emergency Contact Phone:			oomes, m	
Are you eligible for Ro	okie of the Year?	☐ Yes	□ No	
One Completed IRS W by all driver/owners p	ayments to be rep	-		_
	CERTI	FICATION		
1. I have, or will have, familiarized my 1 specifically agree to abide by all of 2. I agree and understand that, by su meets all the rules and regulations rest upon me to show that I am in rules can result in fine, suspension 3. I agree that all decisions of track off way to challenge said decisions, nor will I s pursue any such legal action, which fees and cost in defending against s 4. I further understand that there is no way general or car specifications and a guarantee against injury or death	yself with all the Speedway reaction of the Speedway rules. abmitting my race car for value for participation in the Speedway rules and loss of all track points. Sicials will be final. I further seek monetary damages, injury violates this provision, the such legal action. I express or implied warrant disafety rules and that they is	ules and regulations, in rious technical and sa- redway sanctioned ever said rules and regulation agree that I will not income unctive relief or any of an I expressly agree to by of safety resulting from are intended as a guide	afety inspections, I conts, and I understand ons, and I understand itiate any type of legal ther kind of legal renterely reimburse the Speed om publications or compublications or compublications or compublications.	ertify that my race vehicle id the burden of proof will id that violation of various il action against the Speednedy. I understand that if I lway for all of its attorneys ompliance with the Speed-
DITTANZE DE AID ANT	DAME FOLL	NAT ATT TO	A CIZ DITT D	CAND
☐ I HAVE READ AN PROCEDURES		INT.)	ACK RULE	SAND
Signature:			Date:	
Revised 3/10/2022	\$	CK	Date	□ W-9

(Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before	y	ou begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.		de Tol			1000					
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the or entity's name on line 2.)		ame	on line	1, an	d ente	r the	busi	ness/di	sregard	be
	2	2 Business name/disregarded entity name, if different from above.										
See Specific Instructions on page 3.	Sa Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.) and address (optional)					
	6 City, state, and ZIP code											
	7	List account number(s) here (optional)										
Par	tl	Taxpayer Identification Number (TIN)	tor and									
Enter	you	ir TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	pid	Soc	ial se	curity	numb	er		42 TEA		87.
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>												
TIN, la	ter			or		• •	***			5		
Note:	If t	he account is in more than one name, see the instructions for line 1. See also What Name a	and	Em	ployer	er identification number						
Numb	er 7	To Give the Requester for guidelines on whose number to enter.	ari Q		-	-						
Part	II	Certification						_				_
Under	pe	nalties of perjury, I certify that:	e, T									_
2. I am Sen	no ice	mber shown on this form is my correct taxpayer identification number (or I am waiting for a straight to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding; and	l have n	ot be	oon n	atifia	d by H	ho In	+	al Rev	enue hat I ar	n
3. I am	a	U.S. citizen or other U.S. person (defined below); and										
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is con	rect								
Certifi becaus acquis other t	cat se y	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retire interest and dividends, you are not required to sign the certification, but you must provide you	ou are cons, item	urrer 2 do	ntly su	t app	oly. Fo	r mo	rtga	ge inte	rest pa	
Sign Here		Signature of	ate					211011	.5 10	····	, iater,	
Gor		ral Instructions										

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Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



2025 DRIVER PROFILE

Home Track/Series									
Class:			Car #:						
Driver Name:			Hometown:						
City Live In:			State:						
Email:									
Age:			Birth Date:						
Spouses Name: Children Names/Ages:									
Occupation:			Hobbies:						
Team Name:		Driver Website:							
Years Driving Race cars:									
Most memorable event in racing:									
Where/When did you drive your first race car:									
Person who most influenced y	your racing ca	reer:							
	RA	ACE CAR INF	ORMATION						
Chassis Manufacturer:	Chassis Manufacturer:								
Body:		Car Info:		Other:					
Body Year:	Engine Builder:			Town:					
		CREW MI							
1.			3.						
2. CDON'S CORE									
SPONSORS 5.									
2.			6.						
3.			7.						
4.		8.							
Please put any additional information on below									