

# LACROSSE FAIRGROUNDS SPEEDWAY

## Participant Membership & Registration Application

MEMBERSHIP FEE: \$15.00 (For All Drivers, Mechanics, Owners, Crew)

CAR REGISTRATION FEE: \$5.00 (Per Car, Per Division)

- LATE MODEL: CAR # \_\_\_\_\_     HORNETS: CAR # \_\_\_\_\_  
 SPORTSMEN: CAR # \_\_\_\_\_     STREET STOCKS: CAR # \_\_\_\_\_  
 HOBBY STOCKS: CAR # \_\_\_\_\_     MINI-VANS: CAR # \_\_\_\_\_

ALTERNATE CAR #: \_\_\_\_\_ - select a backup in case your first choice is already registered.

<b>MEMBERSHIP: \$15.00</b>
<b>\$5.00 x # _____ Cars = \$ _____</b>
<b>TOTAL AMT DUE: \$ _____</b>

**MAIL THIS FORM WITH PAYMENT TO:**

LaCrosse Speedway Registration, PO Box 853, West Salem, WI 54669

**- AGREEMENT -**

**CONTRACT:** I am an independent contractor assuming all responsibility for money received as result of my activities including without eliminating income tax, FICA, Workman's compensation, and withholding taxes. I am not an employee, servant or agent of the speedway.

**BENEFITS:** I agree that myself, Executors and assigns will be entitled only to the benefits of the Competitor Accident Policy procured by the Speedway for accidental injuries which are result of external, violent and visible means sustained in Speedway events. The foregoing shall constitute the limit of liability of the speedway for such injuries occurring to me in any Speedway event provided proper notification is given.

**COMPLIANCE:** The undersigned agrees to abide by all rules and regulations of the Speedway now published or hereinafter modified. In consideration of the acceptance by the Speedway of this agreement, the undersigned recognizes his obligation to the public and Speedway, which posts the prize money and conducts the event, and agrees to compete in all events when qualified if humanly possible.

**BREACH & DAMAGE:** In the event the undersigned breaches this agreement, he shall be liable for actual and liquidated damages sustained by the Speedway.

**OWNERSHIP:** If owner of a registered car, I certify I have a good and marketable title to the Competition vehicle free from liens and encumbrances, and will deliver good and marketable title to said vehicle or any part thereof in the event the same is claimed pursuant to the rules.

**ADVERTISING RELEASES:** The undersigned consents to the use of his name, pictures of himself and his car for publicity, advertising and endorsements both before and after the events, and relinquishes any rights to photos taken in connection with events and consents to the publication or sale of such photos as the Speedway so desires.

**ARBITRATION:** Any controversy or claim arising out of or relating to this agreement, including any alleged breach, shall be settled in accordance with the rules and regulations of the Speedway and the undersigned agrees to accept the decision rendered by this process.

**RELEASE AND WAIVER:** The undersigned acknowledges that by signing the release and waiver at each race event, in exchange for admittance to restricted areas. By so signing, the release and waiver, you have waived legal rights, to sue for injuries, including death, and acknowledges the potentially dangerous nature of activities in and adjacent to restricted areas.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS OF THE RULES OF THE SPEEDWAY.**

**SIGN** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

(PLEASE PRINT)

**APPLICANT'S FIRST & LAST NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BEST PHONE # TO REACH YOU AT / CELL PHONE#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **EMAIL** \_\_\_\_\_

\*\*\* 1099-MISC. INCOME TAX \*\*\*

**SSN / FEIN (REQUIRED FOR ALL DRIVERS & CAR OWNERS):** \_\_\_\_\_

**REPORT MY PAYOUT INCOME TO:**  DRIVER /  OWNER /  OTHER

**IF PAYOUT IS BEING PAID TO SOMEONE OTHER THAN DRIVER:** You must provide owner/other's info below for 1099-MISC.

**FIRST & LAST NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **SSN# / FEIN #:** \_\_\_\_\_

\* OFFICE USE ONLY \*

**DATE** \_\_\_\_\_ **M.O.P.** \_\_\_\_\_ **STAFF** \_\_\_\_\_ **MISC:** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# LACROSSE FAIRGROUNDS SPEEDWAY

## DRIVER INFO / ANNOUNCER / MEDIA FORM

DIVISION(S) (circle) Late Model Sptsmn Hobby Hornet Street Vans HS

CAR # \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

second division  
CAR # \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

NAME \_\_\_\_\_ ( L. Name Pronunciation) \_\_\_\_\_

NICKNAME \_\_\_\_\_

HOMETOWN \_\_\_\_\_ STATE \_\_\_\_\_ CREW CHIEF \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARRIED - \_\_\_\_ YES \_\_\_\_ NO

SPOUSE'S NAME \_\_\_\_\_ Twitter Page: @ \_\_\_\_\_

KIDS' NAMES & AGES \_\_\_\_\_

### RACE TEAM SPONSORS (IN ORDER OF IMPORTANCE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_

8. \_\_\_\_\_ 9. \_\_\_\_\_

RACING ACHIEVEMENTS: \_\_\_\_\_

MISC. INFORMATION (What the Fans and Media may find interesting about you.): \_\_\_\_\_

## Drivers

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Division: \_\_\_\_\_ Car #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Check any that apply:

Heart Disease       Diabetes       High Blood Pressure

Seizures       Lung Disease

Hospital Choice: \_\_\_\_\_

Family Physician: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

This Information Will Be Confidential, And Will Be Available ONLY to Emergency Personnel.