



2020 SINGLE EVENT TEAM/OWNER LICENSE

(Please Print Clearly)

CAR OWNER INFORMATION

Car Owner Name _____

Team Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Contact _____ Phone _____

Email: _____

CAR INFORMATION

Make & Model _____

Chassis _____ Engine Builder/Engine Type _____

Primary Sponsor(s) _____

Associate Sponsors _____

Car Number Desired _____ Tour Division (circle one) LMSC or SLM

Notice: The applicant understands that he or she will be required to comply with all rules and regulations as required and stated in the 2020 CARS Tour rules and regulations handbook and event entry form. Only registered drivers and registered team owners will be eligible to earn championship points, receive points fund monies, and contingency cash/prizes.

Signature & Date _____

2020 SINGLE EVENT TEAM/OWNER LICENSE FEE \$125

Check or Money Order Payable to:

OFFICE USE ONLY

Mail To: Championship Auto Racing Series
136 Bridlepath Ln.
Mooresville, NC 28117

Paid \$ _____

Check/CC# _____

Date Issued _____



Form **W-9**
 (Rev. January 2003)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
OR								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



2020 SINGLE EVENT DRIVER LICENSE

(Please Print Clearly)

DRIVER INFORMATION

Drivers Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Height & Weight _____

(Circle one) cell office home

EMERGENCY CONTACT

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

(Circle One) cell office home

DRIVER MEDICAL CONDITIONS

Are you allergic to any medication? ___ Yes ___ No If "Yes", please list medications you are allergic to:

Are you currently prescribed medication on a permanent or semi-permanent basis? ___ Yes ___ No

If "Yes", please list medications;

Have you ever had an Epileptic Seizure or been informed you have Epilepsy? ___ Yes ___ No

Have you ever been treated for Diabetes? ___ Yes ___ No

Are you taking medication to treat Diabetes (insulin or pills)? ___ Yes ___ No If "Yes", list medications

Have you ever been informed by a medical doctor that you have Asthma? ___ Yes ___ No

If "Yes", what, if any, Asthma medications do you take regularly?



Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? ____ Yes ____ No If yes, give the dates of each such injury: _____

Have you ever been "knocked out" or experienced a concussion within the past 3 years? ____ Yes ____ No If "Yes", give dates of each incident: _____

Did the attending physician have you stay overnight in a hospital? ____ Yes ____ No If "Yes", give dates for each occurrence: _____

Do you wear contact lenses during competition? ____ Yes ____ No

Have you ever had an injury to your back? ____ Yes ____ No

Do you wear any dental appliance? ____ Yes ____ No If "Yes", check all appropriate appliances:

- Permanent Bridge
- Braces
- Full Plate
- Removable Partial Plate
- Removable Retainer
- Permanent Retainer
- Permanent Crow or Jacket
- Other _____

Do you have any chronic conditions that have not been mentioned above? ____ Yes ____ No If "Yes", please explain: _____

The questions on both pages of this questionnaire have been answered completely and truthfully to the best of my knowledge.

Driver Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(If under 18 years of age)

2020 SINGLE EVENT DRIVER LICENSE FEE \$50

Check or Money Order Payable to:

OFFICE USE ONLY

Mail To: Championship Auto Racing Series
136 Bridlepath Ln.
Mooresville, NC 28117

Paid \$ _____

Check/CC# _____

Date Issued _____

136 Bridlepath Ln., Mooresville, NC 28117 • Phone: 704-662-9212 • Fax: 704-662-9207

www.carsracingtour.com