

The Greater Cumberland Raceway 1099 Form

Driver's Name: _____ Car #: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Phone: _____

Age: ____ DOB: _____

****Complete this section if different from driver for 1099 information.**

Car Owner: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle Division: Super Late Model Limited Late Model Semi Late

Pure Stock 4 Cylinder Modified Other

I hereby agree to abide by all rules, regulations, and technical interpretations of TGCR LLC. I grant TGCR LLC permission to use my name and any photos for publicity.

Applicants under the age of 18 must provide a "Release and Waiver" from parents of a minor.

Print Name in Full: _____

Signature: _____

SOCIAL SECURITY NUMBER OR FED ID NUMBER OF PERSON TO RECEIVE CHECK _____

NOTE: FEDERAL TAX STATEMENT NO. 1099 WILL BE ASSIGNED AND MAILED TO THE PERSON OR BUSINESS RECEIVING PAYOFF, UNLESS OTHERWISE STATED ON THIS FORM.

THE GREATER CUMBERLAND RACEWAY DOES NOT SHARE ANY PERSONAL INFORMATION WITHOUT YOUR CONSENT.