



2010 DRIVER PAYOFF INFORMATION SHEET

Slinger Speedway Auto Racing, Inc.
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PLEASE PRINT CLEARLY - SUBMIT FORM AT PIT ENTRY

DRIVER NAME: _____

ADDRESS: _____

CITY: _____ HOMETOWN: _____

STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

SOCIAL SECURITY #(REQUIRED): _____

RACING BACKGROUND: _____

CHECKS AND 1099 EARNINGS PAYABLE TO: [DRIVER] [OWNER]
If Owner is circled, fill out information below...

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

SSN # / FEIN #: _____

Individual Owners use your Social Security Number, corporations or company names must provide a valid Federal Employer Identification Number.

Only the two individuals listed below will be authorized to pickup checks. Must be minimum of 16 years old. Any penalty assessed against the car, driver, crew, car owner or anyone else associated with the car will be deducted from that car's check.

PRINT NAME:

SIGNATURE:

**CHECK HERE IF YOU WANT YOUR CHECK MAILED WEEKLY.
Checks are mailed on Monday or day following the event.**

The above information will be used for tax purposes and mailings. Out of state drivers could have six percent of their earnings withheld. It is your responsibility to inform us of any changes. This information will be used for Slinger Super Speedway only. This form must be filled out COMPLETELY and ACCURATELY or you will not receive a check.

CAR #: _____

DIVISION: (CIRCLE ONE)

SUPER LATE MODEL

LATE MODEL

MIDWEST SPORTSMAN

THUNDER STOCK

SLINGER BEE

FIGURE 8'S

OTHER: _____

CAR MAKE: _____

CHASSIS: _____

TRANSPONDER # (IF OWNED): _____

Transponders are REQUIRED for all Divisions except Figure 8's.

SPONSORS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____