



REGISTRATION FORM

Registration Fee: \$30

Car #: _____ Class: _____ Date: _____

Driver: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Email: _____

SS#: _____ D.O.B: _____

Same as above

Owner: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Email: _____

Owner SS#: _____ D.O.B: _____

Who receives 1099? _____ **Driver** _____ **Owner**

Tax Certification

I/We certify that I/We have supplied valid social security taxpayer identification numbers for the purpose of issuance of Form 1099.

Publicity Release

I/We authorize Boyd Raceway to use any pictures, descriptions, or accounts of any activities at any event for press releases, publicity or other similar purposes. I/We also request to be placed on the raceway mailing list.

Rules of acknowledgement

I/We received a copy of the Boyd Raceway Rules and agree to comply with all raceway rules listed therein. I/We also agree to abide by those rules set forth by the track owners, officials, and all sanctioning organizations of Boyd Raceway.

Driver's Signature

Owner's Signature

Please complete and return form to: Boyd Raceway Ent., LLC, P.O. Box 2046, Boyd, TX 76023