

2026  
**Sharon Speedway  
Registration**



<b>FOR OFFICE USE ONLY</b>
<b>DIVISION</b> _____
<b>CAR NO.</b> _____
<b>FEES PAID</b> _____
<b>INITIALS</b> _____

*FREE Pre-Registration through April 1, 2026*

**DRIVER INFORMATION**

**CAR #:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

Full Name (as appears on Social Security Card): \_\_\_\_\_

How would you like your first name to be announced & appear in press releases? \_\_\_\_\_

Transponder # (AMB/MyLaps only): \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**DRIVER AGREEMENT**

**CONTRACT:** I am an independent contractor assuming all responsibility for money received as a result of my speedway activities including income tax, FICA, workers compensation and withholding taxes. I am not an employee, servant or agent for Sharon Speedway.

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

**COMPLIANCE:** The undersigned agrees to abide by all rules and regulations of the Speedway now published or hereinafter modified. The undersigned acknowledges having read, understood and voluntarily understands this agreement and the rules of the Speedway and agrees to abide by the current rules and regulations of Sharon Speedway now published and hereinafter modified. In consideration of the acceptance by the Speedway of this agreement, the undersigned recognizes his/her acceptance to all Sharon Speedway official's decisions, penalties and suspensions with the possibility of the registration being revoked at any time when this agreement has been breached. The undersigned understands that car racing can be a dangerous sport and the pit area is a restricted area. The undersigned accepts full responsibility for injury to themselves and releases Sharon Speedway from all liability resulting from any injury.

**ADVERTISING RELEASE:** The undersigned consents to the use of his/her name, pictures or video of himself/herself and their car for publicity, advertising and endorsements both before and after the events, and relinquishes any right to photos or footage 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 Sharon Speedway and the undersigned agrees to accept the decision rendered by this process.

**FRONT AND BACK MUST BE COMPLETED IN ORDER TO RECEIVE ANY PAYMENT FROM SHARON SPEEDWAY.**

**I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS OF ALL RULES SET FORTH BY SHARON SPEEDWAY.**

**IF YOU WOULD LIKE RULES SENT TO YOU PLEASE CHECK BOX**

<b>DRIVER'S SIGNATURE</b> _____	<b>DATE</b> _____
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**MAIL COMPLETED FORM (FRONT & BACK) TO: SHARON SPEEDWAY, PO BOX 159, HARTFORD, OH 44424**  
**or**  
**E-MAIL COMPLETED FORM TO: PR@SHARONSPEEDWAY.COM**

**OWNER INFORMATION**

Car Owner's full name or Business name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Soc. Sec. or EIN Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**SPONSOR INFORMATION**

Sponsors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BEFORE ANY MONIES WILL BE RELEASED TO THE DRIVER**

1099 IS THE RESPONSIBILITY OF THE:     Driver         Owner         O

Form <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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.

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

Social security number
_____
OR
Employer identification number
_____

**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).

**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.

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