

2019 Trail-Way Speedway

Reserve Number Form

1. All Drivers are required to reserve their racing number when entering any of the regular classes for the first time during the racing season. This number is reserved for the individual driver, not the car. Those drivers that wish to retain their previous years number, must complete this application, sign the release form below and send no later than February 15th in order to reserve your number for the next season, or that number may be available for other drivers to use. We ask you to please use (2) digit numbers on your race car. This makes it scoring friendly and fits the digits on the scoreboard. There is no cost.

2. This year, we will be using scoring transponders. The brand name is MYLAPS and the unit is the "X2." You can either: A) rent one from the track, each race, for \$10. You will need to submit a driver's license until the transponder is returned- OR B) Buy a transponder by contacting MYLAPS at **678-816-4000**, www.mylaps.com C) If you already own a transponder, verify that it is a MYLAPS transponder and provide the serial number. Do you own a MYLAPS transponder? _____ YES _____ NO -- If Yes, Please provide the serial number _____ . You must use a transponder bracket/holder. If you do not own a bracket/holder, they can be purchased at the track office. Check your class rules for attachment location or ask a tech official.

3. Car # _____ CLASS _____ if, 2ND CLASS Car # _____ CLASS _____

4. **BY SIGNING THIS FORM** A. I HAVE READ AND WILL ABIDE BY THE RULES THAT ARE FOUND ON THE TRACK WEBSITE, B. I MUST SUBMIT WORKING EMAIL ADDRESS FOR UPDATES C. I NEED TO HAVE A RACECEIVER AND A TRANSPONDER TO RACE D. I UNDERSTAND I MUST BE PRESENT AT THE BANQUET TO RECEIVE ANY YEAR END AWARD AND MUST RACE IN 80% OF COMPLETED RACES FOR THAT CLASS.

Any driver under the age of 18 must have Minor form signed by parent and notarized on back of form!

5. DRIVER NAME _____ SS # _____ PHONE _____
ADDRESS _____ AGE _____
CITY _____ STATE _____ ZIP CODE _____

6. **EMAIL ADDRESS** - _____ @ _____ . _____

PERSON RESPONSIBLE FOR RECEIVING RACE WINNINGS
(EVERYONE RECEIVING OVER \$600 WILL RECEIVE A 1099 FORM)

7. CAR OWNER (if same as above, write same) _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
E-MAIL _____ @ _____ . _____
SOCIAL SECURITY # OR TAX ID # OF PERSON RESPONSIBLE FOR TAXES _____

8. LIST 2 MAIN SPONSORS a. _____ b. _____

 **Must Sign Release on Back** T-03b 
Office notes _____