

Car Affiliation:

Driver Name

Car(s) Number

Class/Classes: Please circle each class you are participating in.

Jr. Class

Restrictor

Sportsman

Open

Non Wing

A Class

Driver/Owner Information:

All money earned at SSMC will be sent to the following address and person listed below. A 1099 tax form will follow if earnings exceed the allotted nontaxable amount. This form must be filled out legibly or we will not be able to issue a check for your earnings.

First

Middle

Last

Address

City

State

Zip

() _____

Home Number

() _____

Cell Number

Social Security

Payment Options:

Please mark only one option.

Email address: _____

Check by Mail: Money received will be in check form sent through the mail from Bill Pay.

Direct Deposit: Money received will go directly into your bank account.

- An email will be sent to your and **YOU** must submit your banking information.
- SSMC will **NOT** have access to your personal banking information.