THIS INFORMATION MUST BE FILLED OUT BEFORE THE FIRST RACE!!

Every driver must complete this packet.

If this information is NOT filled out completely before the first race you will NOT receive your check until this packet and a W-9 form have been completed. If you do not have information to fill in a blank (ex. You do not have an e-mail address, etc.) please put ‘none’ in the blank so we are aware it wasn’t missed. NO forms will be accepted that have a blank filled in that says, ‘same as last year’. Each section should be filled out even if there was no change, in its entirety and legibly.

Please fax information to (828) 465-5017 or mail information to:

Hickory Motor Speedway
3130 Hwy. 70 SE
Newton, NC 28658
DRIVER INFORMATION

Driver’s Full Name: __________________________________________  Nickname: ______________________

Mailing Address: __________________________________________

City: __________________________  State: ___________________  Zip Code: ________________

Cell Phone #: __________________________  Home Phone #: __________________________

E-Mail: __________________________________________  Birthdate (MM/DD/YY): ________________

Social Security #: __________________________________________

Twitter/Facebook/Media: __________________________________________

Website: __________________________________________

# of Years Racing: ______________________

Championships/Awards & Titles: __________________________________________

______________________________________

______________________________________

______________________________________

Occupation: __________________________  Marital Status: ______________________

Spouse Name: __________________________  Children: ______________________

2019 Goals: __________________________________________

______________________________________

______________________________________

Special Thanks To: __________________________________________

______________________________________

______________________________________

______________________________________

______________________________________
MEDICAL HISTORY

Please list any known allergies: ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

If any, what medications do you take regularly? ______________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please inform us of any medical condition or history that may help with medical staff treating you in case of injury or illness. ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

EMERGENCY CONTACT INFORMATION

Name: ________________________________________________________________________

Relationship To Driver: ____________________________________________________________________________

Address: _______________________________________________________________________________

City: __________________ State: __________ Zip Code: __________

Primary Phone #: ______________________

Secondary Phone #: ______________________

Drivers Signature: ______________________

Date: ______________________

- Hickory Motor Speedway recommends all competitors should consider purchasing the supplement insurance policy provided by SIS...additional information will be provided.
CAR OR TRUCK INFORMATION

Car/Truck #: ___________________  Division: ________________________________________________

Car Make: ________________________________________________________________________________

Car Model: ________________________________________________________________________________

Crew Chief: ________________________________________________________________________________

Engine Builder: ____________________________________________________________________________

Car Owner: ________________________________________________________________________________

Spotter: __________________________________________________________________________________

Are you planning on running for rookie of the year in this division? Yes ____________ No ____________

Any Sponsors: ____________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

IMPORTANT!! FINANCIAL INFORMATION – YOU MUST ALSO FILL OUT THE W-9 FORM (LAST PAGE)

Make Checks Payable To: ________________________________________________________________

Driver/Car Owner/Business: ________________________________________________________________

Address: ______________________________________________________________________________

City: __________________________ State: _______________ Zip Code: __________________________

Social Security # OR Federal ID #: __________________________________________________________

Phone #: __________________________

Drivers Name: __________________________________________________

Car/Truck #: ___________________  Division: __________________________

WOULD YOU LIKE YOUR CHECK TO BE MAILED TO YOU? ____ YES ______ NO

PROVIDE CORRECT MAILING ADDRESS BELOW:

________________________________________________________________________________________

________________________________________________________________________________________

Hickory Motor Speedway : 3130 Hwy. 70 SE, Newton, NC 28658 : (828)-464-3655 : Fax (828)-465-5017
THIS LICENSE IS FOR ANYONE UNDER THE AGE OF 14. DO NOT FILL THIS OUT IF YOU ARE APPLYING FOR A NASCAR LICENSE.

HICKORY MOTOR SPEEDWAY

2019 Hickory Motor Speedway License Form

DRIVER INFORMATION

Name: _______________________________________________________________________________
Address: ________________________________________________________________________________
City: __________________________ State: _________ Zip Code: _________________
E-Mail: ________________________________________________________________________________
Cell #: __________________________ Date of Birth: __________________________

CAR OWNER INFORMATION

Name: _______________________________________________________________________________
Address: ________________________________________________________________________________
City: __________________________ State: _________ Zip Code: _________________
E-Mail: ________________________________________________________________________________
Cell #: __________________________ Date of Birth: __________________________
Car #: __________________________
Pay Check To: _____________________________________________________________________________
Address: ________________________________________________________________________________
City: __________________________ State: _________ Zip Code: _________________

Hickory Motor Speedway : 3130 Hwy. 70 SE, Newton, NC 28658 : (828)-464-3655 : Fax (828)-465-5017
Social Security #: ____________________________  OR EIN #: ____________________________

2019 License: $100

Please make your check payable to Hickory Motor Speedway 3130 Hwy. 70 SE, Newton, NC 28658

- A HMS license or a NASCAR license is REQUIRED to participate in the Limited Late Model series.
- All Limited Late Model teams must run Paramount Auto Group stickers to be eligible for Paramount Point money for Paramount races.
- Resume MUST be submitted for ages 14 & younger.

Date Received: _____________  Check #/Cash: _______________

2019 Yearly Transponder Rental Rates

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>YEARLY</th>
<th>SINGLE EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATE MODEL STOCK</td>
<td>21</td>
<td>$210</td>
</tr>
<tr>
<td>LIMITED LATE MODEL</td>
<td>21</td>
<td>$210</td>
</tr>
<tr>
<td>SUPER TRUCKS</td>
<td>14</td>
<td>$140</td>
</tr>
<tr>
<td>STREET STOCKS</td>
<td>21</td>
<td>$210</td>
</tr>
<tr>
<td>4-CYLINDERS</td>
<td>11</td>
<td>$110</td>
</tr>
<tr>
<td>RENEGADES</td>
<td>11</td>
<td>$110</td>
</tr>
<tr>
<td>HICKORY VINTAGE</td>
<td>7</td>
<td>$70</td>
</tr>
</tbody>
</table>

ALL COMPETITORS WILL BE REQUIRED TO RUN TRANSPONDERS WITH OUR SCORING SYSTEM AND MUST RETURN THE TRANSPONDER TO THE TECH SHED AFTER YOUR RACE.

FAILURE TO DO SO WILL RESULT IN DELAY OF YOUR PURSE CHECK BEING ISSUED AND MAILED UNTIL THE TRANSPONDER IS RETURNED TO HICKORY MOTOR SPEEDWAY.

- Yearly transponder rental is based on $10 per event for the number of events scheduled.
  - No refunds on any transponder rentals. Transponders are not transferable.
  - Transponder bags may be purchased for $15 and this will remain on your car.
BEGINNING JANUARY 1st, 2019

HICKORY MOTOR SPEEDWAY PRACTICE PROCEDURES

ALL PERSONNEL ENTERING THE INFIELD FOR PRACTICE SESSIONS MUST FIRST SIGN THE RELEASE FORM AT THE HMS OFFICE!

Hickory Motor Speedway is available for practice sessions, commercial photography, private gatherings and as a location for TV and movie production.

Practice fees DO NOT include Fire/Medic personnel or vehicles or wreckers. These services are available through the track at an additional fee. If track lighting is required, rates are an additional $150 per hour.

A minor’s release form signed by the minor’s parents is required for anyone under the age of 21. Hickory Motor Speedway strongly advises you to leave children, pets and anyone not actually working on the racecars at home. Please contact the HMS office if you would like to rent the track for a private session.

Your practice time starts when you ENTER THE GATE and finishes when your car EXITS THE GATE. In the event you are unable to make your scheduled practice time, you must call to cancel.

- “No-Shows” (without a phone call) you will automatically be billed for 2 hours of practice time.

RACE CAR “TEST & TUNE” PRACTICE SESSIONS

Includes Monster Energy Cup, Xfinity Series, Camping World Truck Series, K & N Series East/West, CARS Touring Series, Southern Modified, PASS and all other divisions currently NOT a part of HMS regular shows:

MONDAY – FRIDAY

Practice fees are $100 for the first hour and $60 each additional hour per car, with a one (1) hour minimum. Cars must practice with same division or equal division EX: - Late Model/Limited/Truck. Each team must reserve and pay separately. By reservation only.

Private practice is $150 per hour, with a one (1) hour minimum. By reservation only.

When booking a Private Practice, a credit card must be provided to reserve the session along with a deposit of 50% of the estimated rental fee. Deposit refunds will ONLY be provided if weather prevents you from practicing or if you cancel your session seven (7) days prior to your scheduled rental.

OPEN PRACTICE SATURDAYS (REFER TO THIS PAGE)

SATURDAYS & SUNDAYS

Practice fees are $100 per hour, per car, with a two (2) hour minimum.

Private practice fees for Saturday/Sunday are $200 per hour, with a two (2) hour minimum. By reservation only.

When booking a Private Practice, a credit card must be provided to reserve the session along with a deposit of 50% of the estimated rental fee. Deposit refunds will ONLY be provided if weather prevents you from practicing or if you cancel your session seven (7) days prior to your scheduled rental.
SPECIAL PRICING FOR HMS LICENSED RACERS

If you have a current Hickory Motor Speedway NASCAR License and compete in our regular NWAAS events, you will receive a special discounted practice price as a thank you for your support to the track:

Mon-Fri: $60 per hour, per car/Private $100 per hour. Both sessions require a one (1) hour minimum.

Sat: $75 per hour, per car/Private $150 per hour. Requires a two (2) hour minimum.

Sun: $100 per hour, per car/Private $200 per hour. Requires a two (2) hour minimum.

OPEN PRACTICE SATURDAYS

- Each Saturday morning that Hickory Motor Speedway has a NASCAR Whelen All-American Series race, March thru September, Hickory Motor Speedway will hold Open Practice from 9am-12pm. (Weather Permitting)
- Rates are $100 per car
- No charge for the crew during practice
- No reservations needed

OPEN PRACTICE WEEKLY (WEEKLY HICKORY CARS)

- $60 per hour (Monday-Friday)
- $75 per hour (Saturday)
- $100 per hour (Sunday)

PRACTICE RATES FOR PRODUCTION COMPANIES

- Rates for 12-hour production day (8am-8pm) = $2,000
- Rates Hourly = $200 per hour (Private – minimum 4 hours)
- Gateman Security (Required) = $15 per hour
- Location Liaison/Management Fee (Required) = $150 per day

TO RESERVE TRACK TIME PLEASE CONTACT THE SPEEDWAY @ (828) – 464 – 3655 OR EMAIL @ hickorymotor@bellsouth.net
Form W-9 (Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or
   - C Corporation
   - S Corporation
   - Partnership single-member LLC
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)
   - (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. 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
2. 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

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.