



2025 Knoxville Raceway Competition Driver Application

Only one person per application. All fields on application must be completed.
Email completed application to GaryS@KnoxvilleRaceway.com.

CAR INFORMATION

Car Class: _____ Car Number: _____ Car Owner: _____

ALL DRIVERS/OWNERS COMPLETE BELOW REGARDLESS OF COUNTRY – **Print Clearly**

For 1099 Purposes, Identify "Winnings Payable To" (W-9) Information

Enter the exact spelling of individual name or business name. Indicate if business is incorporated or LLC.

Weekly Purse Winnings Payable To: _____

Mailing Address: _____

City, State and Zip: _____

Phone: _____ E-Mail: _____

USA Social Security #: _____ OR Federal Tax ID # (FEIN): _____

DRIVER INFORMATION – PLEASE PRINT CLEARLY!

Points payment split requires that we have complete driver information.

LEGAL First Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

For insurance purposes, provide Driver's Social Security Number: _____ Birthdate: _____

CERTIFICATION

The numbers shown on this form are correct taxpayer identification numbers (or I am waiting on 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.

By signing below, I acknowledge that I have received and read the Knoxville Raceway Competition Application, Waiver and Release, Express Assumption of Risk, and Indemnity Agreement. I agree to abide by Knoxville Raceway Rules and Regulations.

X _____
Applicant (Driver) Signature

X _____
Date



Electronic Payment Authorization

Fill out only for **NEW** or **CHANGED** information.

If bank information has not changed from previous year, you do not need to fill out form. Without electronic payment information, checks will be mailed via USPS. Make sure the mailing address on previous page is correct!

Knoxville Raceway makes purse winning payments by electronic transfer of funds. This document must be signed by the person receiving electronic payments of purse winnings. A voided check must be attached to verify account and bank routing numbers.

Account: Type (circle one) Checking Savings

Bank Name: _____

Bank RTN (ABA number): _____ Account Number: _____

Attach a voided check here.

Authorization

This authorizes Marion County Fair Association dba Knoxville Raceway (the Company) to send payments electronically or by any other commercially accepted method, to my account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law. This authorization will be in effect until Knoxville Raceway receives a written notice of change or cancelation and has a reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____ Date: _____